



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

**MONITORING AND EVALUATION
FRAMEWORK**

TABLE OF CONTENTS

NUMBER	CONTENT	PAGE
(i)	List of acronyms and abbreviations	3
(ii)	Foreword	4
(iii)	Introduction by the Accounting Officer	5
(iv)	Glossary of M&E terms	6
CHAPTER 1	UNDERSTANDING MONITORING AND EVALUATION (M&E)	11
1.1	Introduction	11
1.2	Monitoring and Evaluation	12
1.3	Correlation between Monitoring and Evaluation	16
1.4	The logic of M&E	17
1.5	Legal background	18
1.6	International background	21
1.7	Provincial background (Office of the Premier)	22
1.8	Background of the Department of Health	23
1.9	Support structures to strengthen Departmental M&E system	23
1.10	The objectives of Monitoring and Evaluation	26
1.11	Guiding principles for a functional M&E system	27
CHAPTER 2	INSTITUTIONALISATION OF HEALTH MONITORING AND EVALUATION SYSTEM	29
2.1	Components of M&E system	29
2.2	Relationship between M&E, programmes and spheres of Government	30
2.3	Monitoring and Evaluation Steering Committees	31
2.4	Structural arrangement	34
2.5	Roles and responsibilities	36
2.6	Financial Resources for effective M&E Implementation	43
CHAPTER 3	DESIGNING MONITORING AND EVALUATION SYSTEM	44
3.1	Conducting a readiness assessment	44
3.2	Choosing outcomes to monitor and evaluate	44
3.3	Selecting key indicators to monitor outcomes	45
3.4	Baseline data on indicators	45
3.5	Planning for improvement – selecting targets	46
3.6	Monitoring of the results	46

NUMBER	CONTENT	PAGE
3.7	Evaluation of the results	46
3.8	Using the findings	47
3.9	Sustaining the M&E system	47
3.10	M&E capacity building	49
3.11	Change management	49
CHAPTER 4	PERFORMANCE INFORMATION REPORTING GUIDELINES	50
4.1	Purpose	50
4.2	Background of performance information reporting	50
4.3	The process for reporting performance	50
4.4	Validation of reported performance information	52
4.5	Early warning system	53
4.6	Distribution of reports	54
4.7	Corrective action plan	54
4.8	Problem identification and correction	55
CHAPTER 5	IMPLEMENTATION PROCESS OF THE M&E FRAMEWORK	57
5.1	Developmental Phase	57
5.2	Engagement with various stakeholders	57
5.3	Implementation of M&E Framework	57
5.4	Utilisation of M&E results	57
5.5	Ownership of the system	58
5.6	Revision	58
6	CONCLUSION	58
7	LIST OF SOURCES	59
8	LIST OF APPENDICES	63

(i) LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BCEA	Basic Conditions of Employment Act
DoFA	Department of Finance and Administration
DOH	Department of Health
DG	Director General
HASA	Hospital Association of South Africa
HIV	Human Immuno-Deficiency Virus
IDP	Integrated Development Plan
KPI	Key Performance Indicators
LEGDP	Limpopo Employment, Growth and Development Program
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
ME&R	Monitoring, Evaluation and Reporting
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
MOFPED	Ministry of Finance, Planning and Economic Development
NIMES	National Integrated M&E Strategy
NDoH	National Department of Health
NGO	Non-Governmental Organisation
NCOP	National Council of Provinces
NSDA	Negotiated Service Delivery Agreement
OVI	Objectively Verifiable Indicators
PFMA	Public Finance Management Act
PMP	Performance Monitoring Plan
PMTCT	Preventing Mother-To-Child Transmission
PEAP	Poverty Eradication Action Plan
POA	Programme of Action
PWM&E	Provincial Wide Monitoring and Evaluation
SABS	South African Bureau of Standards
SANTA	South African National Tuberculosis Association

(ii) FOREWORD

Public service reforms since 1994 such as the Public Finance Management Act (PFMA), medium term planning and budgeting, and quarterly performance reporting; oblige the Department to align the outcomes and outputs, which need to be achieved in the strategic and annual performance plans. These reforms in turn created the need for others aimed at monitoring the execution of plans and budgets. As a result, performance monitoring and quarterly performance reporting became obligatory. The Government-Wide Monitoring and Evaluation (GWM&E) policy framework extends these reforms further into the areas of management of programme performance information and evaluation.

In order to guide Provinces and Departments in establishing and maintaining the effective M&E policies and procedures, the Presidency has provided the Policy Framework for the GWM&E System, which requires that M&E be implemented at all Government levels to ensure that Government meet the outcomes set in the Mid Term Strategic Framework (MTSF) and Millennium Development Goals (MDG). This requirement is augmented by the National Treasury's Framework for Managing Programme Performance information as well as the Outcomes Approach developed by the Department of Performance Monitoring and Evaluation in the Presidency.

The Limpopo Provincial Government steered the focus of its operations through the Limpopo Employment Growth and Development Plan (LEGDP), which requires M&E tools and processes to assess the achievement of outcomes and identify the impact of programmes.

For this purpose the Department has developed and aligned this framework with the Provincial M&E framework, Negotiated Service Delivery Agreement, National Department of Health M&E Handbook, National Core Standards, Departmental strategic Plan and Annual Performance Plan.

Mme. D Magadzi



MEC FOR HEALTH AND SOCIAL DEVELOPMENT

(iii) INTRODUCTION BY THE ACCOUNTING OFFICER

The Department is pleased to share this framework as part of its effort to enhance Monitoring and Evaluation (M&E) by all stakeholders. The framework contains useful M&E tools and is supported by some theoretical background. It is designed in chapters to facilitate easy reading and a logical pathway through M&E. It provides the reader with the opportunity to reflect and refresh by addressing a number of key aspects following each chapter. The framework provides guidelines on collection, analysis, use, and dissemination of information that enables the tracking of progress made in response to set targets. The Framework further articulates the linkages of Monitoring and Evaluation activities, reporting relationships, the plan used to measure inputs, outputs, outcomes, and impact of programs in line with the Negotiated Service Delivery Agreement (NSDA) for Health. This framework also codifies a more rigorous search for improved methods of assessing whether the Department is doing both “things right” and “the right things”.

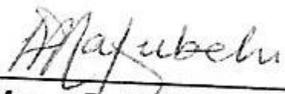
This framework shall be complemented by a series of capacity building in order to:

- ensure that managers at all levels have the knowledge and tools to apply the M&E approach; and
- improve the implementation, reporting and quality of services.

A Department-wide evaluation system that includes self-evaluation and peer review shall be established to measure progress in all core areas.

Many thanks go to National Department of Health for developing the handbook which provided insight into development of this framework. Special thanks to the Office of the Premier, Limpopo, for the capacity building efforts in relation to designing a Province Wide Monitoring and Evaluation System.

We would also like to sincerely thank the Division: Monitoring and Evaluation for steering the production of this framework. Special thanks to various managers at Provincial, Districts, and facility levels who made comments to the various drafts of the Framework.



Mme. D Mafubelu
HEAD OF DEPARTMENT

(iv) GLOSSARY OF M&E TERMS

TERMS	DEFINITIONS
Activities	Processes or actions that use a range of inputs to produce the desired outputs and ultimately outcomes. In essence, activities describe "what we do".
Attribution	The ascription of a causal link between observed (or expected to be observed) changes and a specific intervention.
Assumptions	Hypotheses about factors or risks which could affect the progress or success of a development intervention.
Baselines	A description of the status quo, usually statistically stated, that provides a point of comparison for future performance. The situation before a programme or activity begins; it is the starting point for results monitoring.
Benchmark	Reference point or standard against which performance or achievements can be assessed.
Capital Expenditure	This is the expenditure made on all non-personnel items. All fixed and moveable assets form part of capital expenditure.
Conclusions	Point out the factors of success and failure of the evaluated intervention, with special attention paid to the intended and unintended results and impacts, and more generally to any other strength or weakness. A conclusion draws on data collection and analyses undertaken, through a transparent chain of arguments.
Customers	Direct beneficiaries of services or products (e.g., citizens).
Data Collection Tools	Methodologies used to identify information sources and collect performance information. Note: Examples are informal and formal surveys, direct and participatory observation, community interviews, focus groups, expert opinion, case studies, and literature search.
Data, information and knowledge	Data is any fact or figure. Information consists of data presented in a context so that it can be applied or used. Information becomes knowledge when connections and links to other information items are analysed to facilitate critical thinking and reasoning. M&E exercises are more useful when they provide information, as well as supporting the development of knowledge.

TERMS	DEFINITIONS
Strategic Plan	This is the medium-term strategic plan that the department prepares in accordance with Treasury requirements. It outlines the vision, mission and strategic priorities.
Evaluation	Evaluation is a time-bound and periodic exercise that seeks to provide credible and useful information to answer specific questions to guide decision making.
Evidence based decision making	Evidence-based decision making is the systematic application of the best available evidence to the evaluation of options, decision making in management and policy settings. Evidence can come from any of the three data terrains outlined in the GWM&E system, programme performance information, evaluation and census data/statistics, as well as from research studies and local community information.
Ex-ante evaluation	An evaluation that is performed before implementation of a development intervention.
Ex-post evaluation	Evaluation of a development intervention after it has been completed.
Feedback	The transmission of findings generated through the Monitoring and Evaluation process to parties for whom it is relevant and useful so as to facilitate improvement. This involves dissemination of findings, conclusions, recommendations and lessons from experience.
Findings	Findings use evidence from one or more evaluation to allow for a factual statement.
Formative evaluation	Evaluation intended to improve performance, most often conducted during the implementation phase of projects or programs.
Goal	A statement of what the organisation intends to achieve in the long-term and is usually stated in general terms.
Government-wide Monitoring and Evaluation (GWM&E) system	An integrated, encompassing framework of M&E principles, practices and standards to be used throughout Government, and functions as an apex-level information system which draws from the component systems in the framework to deliver useful M&E products for its users.
Impact	The results of achieving specific outcomes, such as reducing poverty and creating jobs. Impact is "how we have actually influenced communities and target groups".
Impact evaluation	Examine whether underlying theories and assumptions underpinning the design of an intervention were valid, what worked, what did not and why. It identifies in a systematic way the positive and negative, intended and unintended effects of an

TERMS	DEFINITIONS
	intervention on stakeholders such as individuals, households, businesses, the environment etc.
Inputs	All the resources that contribute to the production of service delivery outputs. Inputs are "what we use to do the work". They include finances, personnel, equipment and buildings.
Lessons learned	Generalizations based on evaluation experiences with projects, programs, or policies that are based on abstract from the specific circumstances to broader situations. Frequently, lessons highlight strengths or weaknesses in preparation, design and implementation that affect performance, outcome, and impact.
Logical framework (Logframe)	Management tool used to improve the design of interventions, most often at the project level. It involves identifying strategic elements (inputs, outputs, outcomes and impact) and their causal relationships, indicators and the assumptions or risks that may influence success and failure. It thus facilitates planning, execution and evaluation of a development intervention.
Monitoring	Involves collecting, analyzing and reporting on inputs, activities, outputs, outcomes and impacts as well as external factors, in a way that supports effective management. Monitoring aims to provide managers, decision makers and other stakeholders with regular feedback on progress in implementation and results and early indicators of problems that need to be corrected. It usually reports on actual performance against what was planned or expected.
M&E system	A set of organizational structures, management processes, standards, strategies, plans, indicators, information systems, reporting lines and accountability relationships which enables National and Provincial departments, municipalities and other institutions to discharge their M&E functions effectively.
Outputs	Immediate results of the activities conducted. They are usually expressed in quantities, either in absolute numbers or as a proportion of a population. Outputs are generally expressed separately for each activity. Outputs: the final products, goods and services produced for delivery. Outputs may be defined as "what we produce or deliver".
Outcomes	The medium-term results for specific beneficiaries which are the consequence of achieving specific outputs. Outcomes relate clearly to an institution's strategic goals and objectives set out in its plans. Outcomes are "what we wish to achieve". Outcomes are often further categorized into immediate/direct outcomes and intermediate outcomes.
Participatory	Evaluation method in which representatives of agencies and

TERMS	DEFINITIONS
evaluation	stakeholders (including beneficiaries) work together in designing, carrying out and interpreting an evaluation.
Performance indicator	A pre-determined signal that a specific point in a process has been reached or result achieved. The nature of the signal will depend on what is being tracked and needs to be very carefully chosen. In management terms, an indicator is a variable that is used to assess the achievement of results in relation to the stated goals/objectives.
Policies, strategies, programmes and projects	Policies are statements of what government seeks to achieve through its work and why. Strategies are sequentially structured descriptions of how these policies will be enacted. Programmes (outside of the budgeting context) are high-level, big-picture plans showing how strategies will be implemented. Projects are specific conceptually-linked sets of activities intended to achieve particular results that will lead to the achievement of programme goals.
Programmes	Comprise a set of programmes which give effect to the outcomes and being characterized by a routine set of activities, which ensure that there is optimal performance.
Result-based management	Result-based management is based on four pillars: <ul style="list-style-type: none"> • definition of strategic goals which provide a focus for action; • specification of expected results which contribute to the achievement of these goals; and the alignment of programmes, processes and resources in support of these expected results; • on-going monitoring and assessment of performance, integrating lessons learnt into future planning; and • improved accountability for results (whether programmes made a difference in the lives of ordinary South Africans).
Results Chain	The causal sequence for a development intervention that stipulates the necessary sequence to achieve desired objectives beginning with inputs, moving through activities and outputs, and culminating in outcomes, impacts, and feedback.
Risk analysis	An analysis or an assessment of factors (called assumptions in the log frame) that affect or are likely to affect the successful achievement of an intervention's objectives. A detailed examination of the potential unwanted and negative consequences to human life, health, property, or the environment posed by development interventions; a systematic process to provide information regarding such undesirable consequences; the process of quantification of the probabilities and expected impacts for

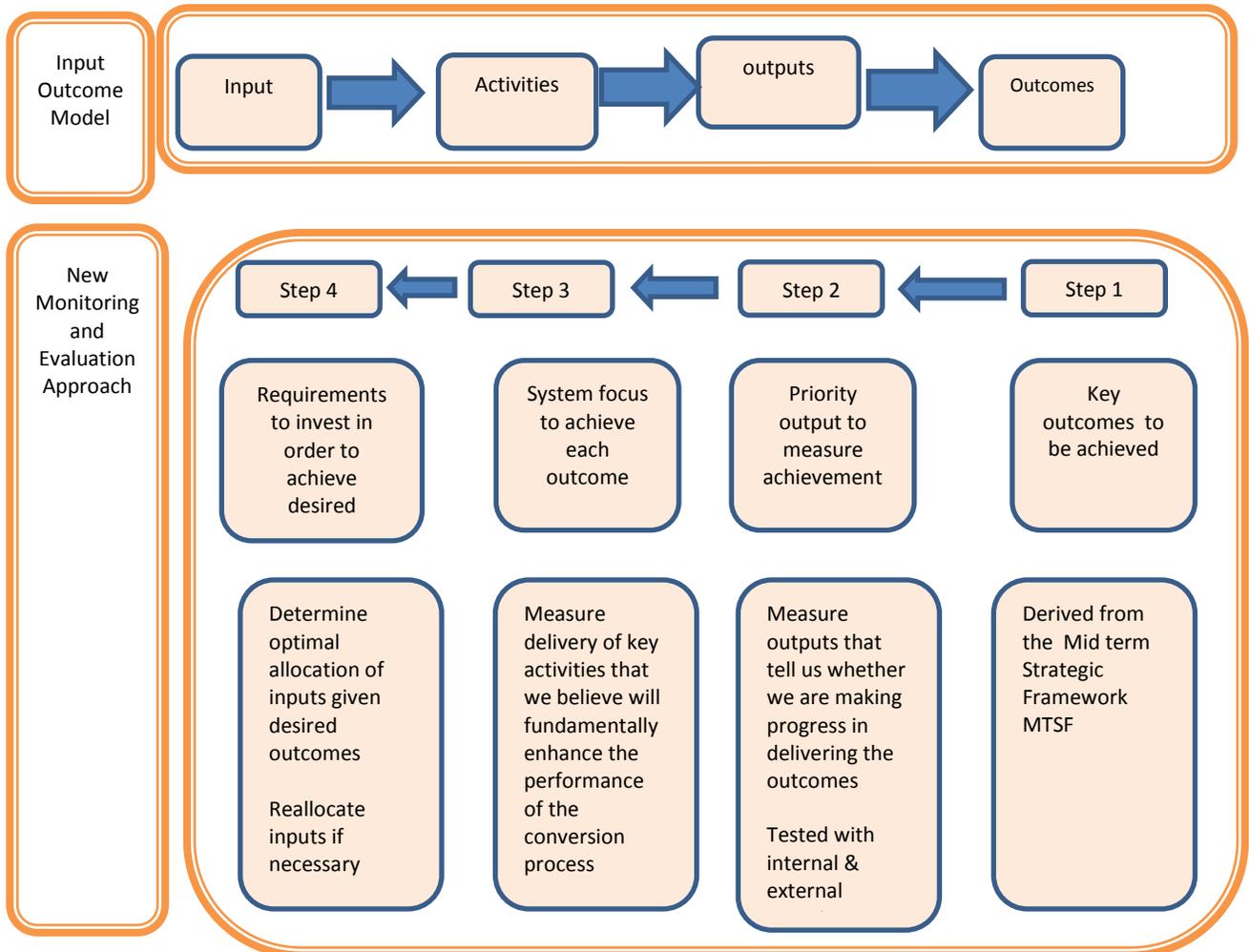
TERMS	DEFINITIONS
	identified risks.
Resource Plan	This consists of an aggregation of the resource requirements for the various programmes/initiatives identified.
Stakeholders	The universe of people with an interest in the organisation's products and services.
Strategic objectives	Strategy components, action items that must be done.
Summative evaluation	A study conducted at the end of an intervention (or a phase of that intervention) to determine the extent to which anticipated outcomes were produced. Summative evaluation is intended to provide information about the worth of the program. Related term: impact evaluation.
Target	Desired level of performance for a performance measure (eg., customer satisfaction target = 95%).
Triangulation	The use of multiple theories, sources or types of information, or types of analysis to verify and substantiate an assessment.

CHAPTER 1: UNDERSTANDING MONITORING AND EVALUATION (M&E)

1.1 Introduction

This document presents the Department of Health’s framework for the development and implementation of a Monitoring and Evaluation system. Gathering, analyzing and using information is important to any health programme. The collection of such information, in combination with its analysis and use, is referred to as Monitoring and Evaluation (M&E). M&E is a planning tool that is used to review progress made, the challenges experienced as well as to take corrective measures where necessary to assess the value of what is being done. The Department of Health shall implement Monitoring and Evaluation system focusing on the outcome based approach as exhibited in figure 1 below.

FIGURE 1: THE OUTCOME BASED APPROACH



1.2. Monitoring and Evaluation

Monitoring and Evaluation is a regular, systematic collection and analysis of information to track progress. While monitoring seeks to explain **what** is happening, an evaluation attempts to explain **why**, and to learn and share important lessons. Despite this, the Department of Health shall select the operative definitions of Monitoring and Evaluation in order to position its system within a conceptual continuum that goes from monitoring to evaluation, focusing on the explanation of its processes.

1.2.1 Monitoring

1.2.1.1 Definition

Monitoring is a continuous process of collecting and analyzing data on information to compare how well a project; program or policy is performing against expected results. Results-based monitoring demonstrates whether a project, program, or policy is achieving its stated goals.

1.2.1.2 Types of monitoring

To ensure an effective monitoring system the Department shall use the following types:

- a) Performance;
- b) Compliance;
- c) Quality; and
- d) Frontline monitoring.

a) Performance monitoring

The purpose of this type of monitoring is to:

- Provide the management and leadership with an ongoing comparison of the current reported performance outcomes against planned targets.
- Use an appropriate system to generate timely and accurate reports and for those reports to be reviewed quarterly to ensure that fiscal and performance goals are being met.

- Provide planned levels of services and compare outcomes with actual performance to determine the extent to which the plan has been followed.
- Carry out program performance results on an ongoing basis, and if significant variation between planned targets and actual performance is noted, then more scrutiny shall be undertaken.
- Use the results to determine progress towards program goals and objectives, identification of existing or emerging problems, and to indicate when on-site monitoring or corrective actions shall be initiated.

b) Compliance monitoring

The purpose of compliance monitoring shall be to:

- Ensure that the legal mandates and other policies are being met as described in the scope of work;
- Ensure that all activities, operations and administrative processes are in compliance with these requirements;
- Monitor compliance of all funded programs, which includes:
 - Reviewing program administration, fiscal and management practices;
 - Internal program management as well as the prevention of fraud and abuse; and
 - Assessment of compliance to legal mandates.

c) Quality monitoring

The purpose of quality monitoring is to:

- Review the integrity and efficiency of the program and the effectiveness of the health services provided.
- Analyze problems identified through the performance monitoring, desk reviews and monitoring findings so that corrective action plans with specific recommendations can be developed.
- Assist in determining what technical assistance may be needed and provides the Department with an opportunity to ensure that corrective action occurs, compliance is achieved and program performance is enhanced.

The primary focus shall be on **what** is happening, **why** it is happening and **how** can it be remedied or improved.

d) Front line monitoring

- Desk top review
- Frontline monitoring through:
 - a) Briefing sessions
 - b) Inspections
 - c) Review of documents
 - d) Staff and client interviews
 - e) Observations
 - f) Feedback

1.2.2 Evaluation

1.2.2.1 Definition

- Evaluation is a process which attempts to determine, as systematically and objectively as possible, the relevance, effectiveness, efficiency and impact of activities in the light of specified objectives.
- Evaluation focuses on the dynamics of development interventions and identifies the reasons for both success and failure and how one can learn from both.
- The intent of evaluation is to incorporate lessons learned into the decision-making process.

1.2.2.2 Types of evaluation

TABLE 1: TYPES OF EVALUATION	
TYPE OF EVALUATION	DESCRIPTION
Self-evaluation	Self-Assessment of programs by departmental human resource.
Participatory evaluation	Internal evaluation in the form of peer review. If an outsider is called in, it is to act as a facilitator of the process, not an evaluator.
Interactive evaluation	Active interaction between an outside evaluator or evaluation team and the Department or project being evaluated.
Base-line surveys and Ex-ante evaluation (estimate)	Conducted to obtain the available information about the situation before the implementation of projects, as it is very difficult to measure the impact of any initiative if the situation is not known when any implementation is commenced with. Ex-ante evaluation of the plans and of operational program shall be carried out by groups which have specialized in issues concerning various Departmental programs. This shall also include external evaluators.
Mid-term evaluation	Shall be carried out in the middle of the implementation of a plan or a program/project, carried out following the end of the half of the implementation period (in case of 1 year project, it shall be within 6 months, while 2 years shall be within 1 year etc).
On-going evaluation	On-going evaluation shall be conducted during the implementation of operational program, which shall concern the efficiency of the use of public resources and the effectiveness of their implementation system.
Ex-post evaluation (complete)	The evaluation shall be carried out not later than a year after the completion of the implementation of a plan or a program and it shall sum up and evaluate the intervention once it has terminated. The evaluation shall be carried out by independent experts in co-operation with the Provincial Monitoring and Evaluation Division.

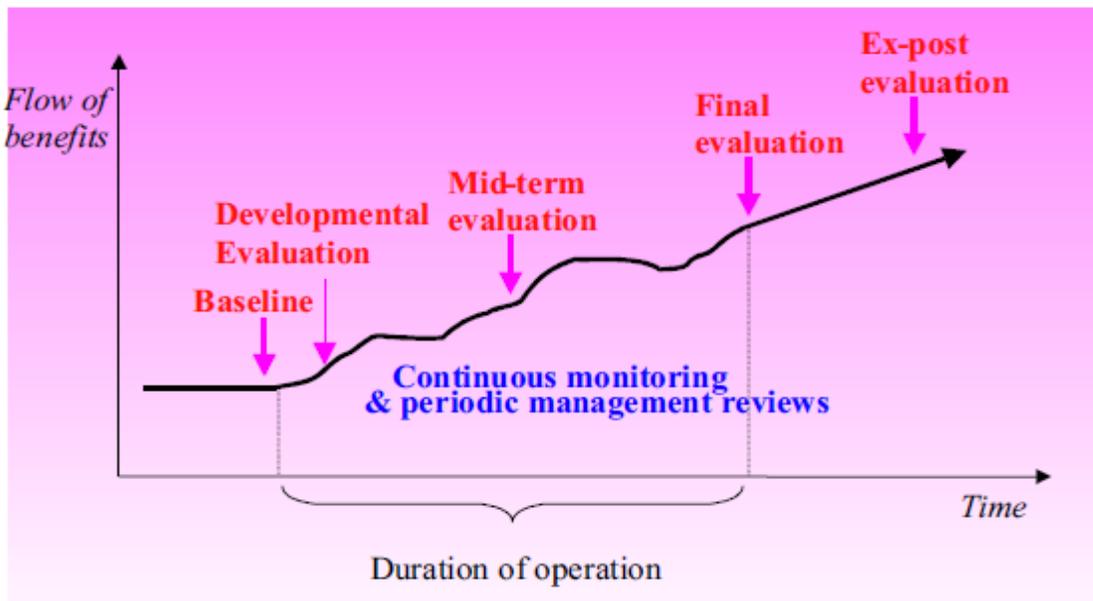
1.3 Correlation between Monitoring and Evaluation

The correlation between Monitoring and Evaluation are explored in more detail in Table 2 below.

TABLE 2: CORRELATION BETWEEN MONITORING AND EVALUATION	
MONITORING	EVALUATION
Clarifies program objectives.	Analyzes why intended results were or were not achieved.
Links activities and their resources to objectives.	Assesses specific causal contributions of activities to results.
Translates objectives into performance indicators and set targets.	Examines implementation process.
Routinely collects data on these indicators, compares actual results with targets.	Explores unintended results
Reports progress to managers and alert them to problems.	Provides lessons, highlights significant accomplishment or program potential and offers recommendations for improvement.

The department shall conduct a baseline study before the operations begin and conclude with ex-post evaluation. Evaluation shall be carried out at different points as exhibited in figure 2 below.

FIGURE 2: MONITORING AND EVALUATION THROUGHOUT THE LIFESPAN OF AN OPERATION



1.4 The logic of M&E

A common thread in M&E models is the use of logical approach. Figure 3 reflects a logframe hierarchy, performance indicators, means of verification and assumptions and risks to be used to guide planning process.

FIGURE 3: THE LOGFRAME MATRIX

What the operation will do; and what it seeks to achieve	How performance will be measured		Factors outside management control that may affect project performance
Logframe hierarchy	Performance indicators	Means of verification	Assumptions and risks
Goal Higher objective to which this operation, along with others, is intended to contribute.	Impact) Indicators (increasingly standardised) to measure programme performance.	The programme evaluation system.	(Goal-to-Super-Goal) Risks regarding strategic impact.
Purpose The outcome of an operation. The change in client behaviour, systems or institutional performance because of the combined output strategy and key assumptions.	(Outcomes) Measures that describe the accomplishment of the Purpose. The value, benefit and return on the investment.	People, events, processes, sources of data for organising the operation's evaluation system.	(Purpose-to-Goal) Risk regarding programme level impact.
Outputs The actual deliverables. What the operation can be held accountable for producing.	Output indicators that measure the goods & services finally delivered by the operation.	People, events, processes, sources of data. Supervision & monitoring system for validating the operation's design.	(Output-to-Purpose) Risks regarding design effectiveness.
Activities The main activity clusters that must be undertaken in order to accomplish the Outputs.	Inputs/Resources Budget by activity. Monetary, physical & human resources required to produce the outputs.	People, events, processes, sources of data. Monitoring system for validating implementation progress.	(Activity-to-Output) Risks regarding implementation & efficiency.

1.5 Legal background

1.5.1 General legislative and policy background

Legislative and policy background is outline in Table 3.

TABLE 3: M&E LEGISLATIVE AND POLICY BACKGROUND	
LEGISLATION AND POLICY	RELEVANCE
The Constitution of the RSA (Act 108 of 1996, as amended)	Section 133 (3) (b): Members of the Executive Council of a province must provide the legislature with full and regular reports concerning matters under their control. The Constitution Section 215 and Section 216 Budget & Expenditure Management ensures information on inputs, outputs and outcomes.
Public Finance Management Act (Act 1 of 1999 as amended by Act 29 of 1999) and its regulations	PFMA underpins planning, budgeting, implementation management and accountability reporting to promote transparency and expenditure control. In this regard the PFMA requires performance monitoring and reporting.
Treasury Regulations (2002)	Procedures for quarterly reporting must be established for the institution to facilitate effective performance Monitoring and Evaluation and corrective action.
The Government-Wide (GWM&E) Systems	Measurement of politically designated outcomes for accountability.
Framework for Measuring Programme Performance Information FMPPi (2007)	This framework aims at: <ul style="list-style-type: none"> • Clarifying definitions and standards for performance information in support of regular audits of such information where appropriate. • Improving integrated structures, systems and processes required to manage performance information. • Defining roles and responsibilities for managing performance information. • Promoting accountability and transparency by providing Parliament, provincial legislatures, municipal councils and the public with timely, accessible and accurate performance information.
Negotiated Service Delivery Agreement (NSDA)	Health Outputs according to the Negotiated Service Delivery Agreement (NSDA). The government has identified four strategic outputs which the Health Sector must achieve. These are: <ul style="list-style-type: none"> • Output 1: Increasing Life Expectancy • Output 2: Decreasing Maternal and Child mortality • Output 3: Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis • Output 4: Strengthening Health System Effectiveness
LEGDP (Limpopo Economic Growth and Development Plan)	Articulates the vision and mission of the Provincial Administration for the political mandate 2009-14

1.5.2 Department of Health Legislative Mandates

The Department is expected to comply with the following legislation and policy mandates.

- **Academic Health Centres Act 86 of 1993**
Provides for the establishment, management and operation of academic health centres.
- **Allied Health Professions Act 63 of 1982**
Provides for the regulations of health practitioners like chiropractors, homeopaths, etc and for the establishment of a council to regulate these professions
- **Children's Amendment Act 38 of 2005**
Provides the framework for the care and protection of children.
- **Choice on Termination of Pregnancy Act 92 of 1996**
Provides a legal framework for choice on termination of pregnancy.
- **Council for Medical Schemes Levy Act 58 of 2000**
Provides for legal framework for the council to charge medical schemes certain fees.
- **Foodstuffs, Cosmetics and Disinfectants Act 54 of 1972**
Provides for the regulation of foodstuffs, cosmetics and disinfections, in particular, safety and quality standards that must be complied with.
- **Hazardous Substances Act 15 of 1973**
Provides for the control of hazardous substances, in particular those emitting radiation.
- **Health Professions Act 56 of 1974**
 - Provides for the regulation of the health profession, in particular, medical practitioners, dentists, psychologists and other related health professions, including community services by these professionals
- **Mental Health Care Act 17 of 2002**
Provides a legal framework for mental health services in the Republic.
- **Medicines and Related Substance Act 101 of 1965**
Provides for the registration of medicines and other medical products to ensure their safety and efficacy
- **Medical Schemes Act 131 of 1998**
Provides for the regulations of the medical schemes industry to ensure consonance with National Health objectives.
- **National Health Act 61 of 2003**
Provides for a transformed National Health System for the entire Republic.

- **National Health Laboratory Services Act 37 of 2000**
Provides for the statutory body that provides laboratory services to the public health sector
- **Non-profit Organisation Act 1997**
Provides framework for the regulations of non-profit organizations
- **Nursing Act of 2005**
Provides for the regulation of the nursing profession
- **Occupational Diseases in Mine and Works Act 78 of 1973**
Provides for medical examinations on persons suspected of having contracted occupational diseases
- **Occupational Health and Safety Act 85 of 1983**
Provides for the requirements that employers must comply with in order to create a safe working environment for employees in workplaces
- **Older Persons Act 13 of 2006**
Provides a framework for the empowerment and protection of older persons
- **Pharmacy Act 53 of 1974 as amended by no 1 of 2000**
Provides for the regulation of the pharmacy profession, including community service pharmacists
- **Sterilisation Act 44 of 1998**
Provides a legal framework for sterilizations, also for persons with mental health challenges
- **Tobacco, Products Control Act 12 of 1999**
Provides for the control of tobacco products, prohibition of smoking in public places, advertisements of tobacco products as well as sponsoring of events by the tobacco industry
- **Traditional Health Practitioners Act of 2004**
Provides for regulatory framework to ensure the efficacy, safety and quality of traditional health care services

1.5.3 Presidency processes: Improving Government performance

In 2005 Cabinet approved an implementation plan to develop a Monitoring and Evaluation system for use across government to encompass:

- Monitoring, implementation, effectiveness, and validation;
- Evaluation, impact and process evaluation;
- Early warning through proactively identifying blockages;
- Verification which validates integrity of data;
- Data collection using existing capacities;
- Analysis and research-driven assessments; and
- Reporting which is appropriate & customised to target groups.

In terms of data to be collected, the Policy Framework Government Wide Monitoring and Evaluation System (GWMES) identifies a number of data terrains to be used for Monitoring and Evaluation purposes. These data terrains include:

- Strategic objectives;
- Programme performance information;
- Social, economic, demographic and all performance related statistical information; and
- Evaluation information to determine whether strategic objectives and programme Departmental outcomes have been achieved.

1.6 International background

1.6.1 Discussion and synthesis of information on approaches to M&E in various countries

According to published works, Mackay (2006) finds that a common error is to “over-engineer” M&E systems, particularly in the area of setting up performance indicators. The author cites the example of Colombia’s M&E system which had 940 performance indicators by 2002; this number was viewed as unwieldy and was reduced to around 300 (Castro, 2005). In comparison, it was found that the Ugandan management information systems had 1 000 performance indicators, requiring about 300,000 data entries per year (Hague, 2003). Mackay (2006) summarises the following lessons around

building M&E systems. Many of these suggestions echo the work of other M&E practitioners, such as Kusek and Rist (2004).

a) Key role of a powerful 'champion'

While it is obvious that one cannot deliver what one cannot monitor and one cannot monitor what one cannot measure, a culture of embracing the value of frank information requires keen leadership in the face of competing demands on resources and time.

b) To start with a diagnosis of existing M&E systems

A careful assessment of current flows of information as well as attitudes that surround these can help diagnose a process which is seen to be supportive by those who shall be responsible for operationalizing the system.

c) To build reliable departmental data systems

A good system shall only collect data that will be used.

d) To avoid the danger of over-engineering the system

Overzealous adoption of a multitude of indicators can lead to M&E systems being ineffective, burdensome and discredited.

1.7 Provincial background (Office of the Premier)

The role of the Office of the Premier in Monitoring and Evaluation

The role of the Office of the Premier in Monitoring and Evaluation is to co-ordinate the function in the Province as each Department has the responsibility to monitor and evaluate its own programmes (which is guided by the objectives of the LEGDP).

The core functions of the Monitoring and Evaluation include:

- a) Coordination of Monitoring of the implementation of the LEGDP.
- b) Coordination of Evaluation of the outcomes and impacts of the LEGDP.
- c) Ensuring that the Provincial M&E system is implemented.
- d) Building capacity for the successful implementation of the Provincial M&E system.
- e) Ensuring that the Provincial M&E system is maintained and continuously upgraded.

1.8 Background of the Department of Health

1.8.1 Vision

An optimal and sustainable health care service in Limpopo

1.8.2 Mission

The provision and promotion of a comprehensive, accessible and affordable quality health care service to improve the life expectancy of the people.

1.8.3 Departmental focus

The 2011/12-2013/2014 Annual Performance Plan will see the Department putting more effort on the implementation of the ministry's Ten Point Plan namely:

- Provision of strategic leadership and creation of the social compact of better health outcomes;
- Implementation of the National Health Insurance;
- Improving the quality of health services;
- Overhauling the health care system and improving its management;
- Improved human resources planning, development and management;
- Revitalization of the infrastructure;
- Accelerated implementation of the HIV and AIDS Strategic Plan and the increased focus on Tuberculosis (TB) and other communicable diseases;
- Mass mobilization for better health of the population;
- Review of the drug policy; and
- Strengthening research and development.

1.9 Support structures to strengthen Departmental M&E system

The Departmental Monitoring and Evaluation System shall be supported by the following existing structures:

1.9.1 Governance structures

The Department has put in place governance structures to provide oversight in order to effectively and efficiently accomplish the transformation agenda and other policy matters. These structures which reports to the MEC for the Department of Health and Social development include, inter alia, the following:

Table 4: GOVERNANCE STRUCTURES		
Name of entity	Legislation	Nature of Business
Hospital boards	National Health Act,61 of 2003,section 41	Provide oversight regarding provision of patient care
Mental Health Review boards	Mental Health Care Act, Act 17 of 2002	Make decisions with regard to assisted or involuntary mental health care, treatment and rehabilitation services for Mental health care Users (MHCU)
District Health Councils	National Health Act,61 of 2003,section 31	District Health Council: (a) Promote co-operative governance; (b) Ensure co-ordination of planning, budgeting, provisioning and monitoring of all health services (c) Advise the Members of the Executive Council through the Provincial Health Council, the municipal councils and the District municipalities and on any matter regarding health services
District AIDS Councils	South African Constitution as the basis of Human Rights Charter Promotion of equality and Prevention of unfair Discrimination Act	Decide and advocate for HIV and AIDS clients
Clinic and community health centre committees	National Health Act,61 of 2003,section 42	Provide oversight on PHC facilities regarding the provision of health care services

1.9.2 Public Sector Institutions

- The National Department sets and publicizes Norms and Standards and monitors and evaluates a core set of National indicators and reports on them.
- The Provincial Department of Health monitors and evaluates the implementation of the Core Norms and Standards, the LEGDP and a core set of National and Provincial indicators and reports on them.
- Provincial, District and institutional teams develop, publicize, monitor and evaluate policies, local standards measurement tools and also provide training and support and encourage community participation.
- Health facility units implement clinical and managerial standards, monitors and reports on compliance.

1.9.3 Other institutions

- Professional Associations, Boards, and Councils develop ethical and clinical standards delineate the scope of practice.
- Organizations such as the Hospital Association of South Africa (HASA), South African National Tuberculosis Association (SANTA), and the Council for Medical Schemes, Health Insurance Funders/Medical schemes are involved in quality control through utilization reviews.
- The Pharmaceutical Industry is regulated by the Medicines Control Council.

1.9.4 Accreditation bodies

- Independent Accreditation Body for Quality;
- National Laboratory Accreditation Services (NLA); and
- The South African Bureau of Standards (SABS).

1.9.5 Training and Research Institutions

Training and Research Institutions are involved in supporting the improvement in evaluating quality of services through conducting surveys and impact studies etc. Amongst others the following may be mentioned:

- Health Sciences Faculties.
- Universities, Colleges and Technikons.

- The Health Systems Trust and similar NGO's provide objective assessments of health care through research and reviews.

1.9.6 Oversight structures

1.9.6.1 Internal audit

1.9.6.2 Audit Committee

1.9.6.3 Legislature (Portfolio Committee on Health and Social Development)

1.9.6.4 Provincial Treasury

1.9.6.5 Office of the Premier

1.9.6.6 Auditor General

1.10 The objectives of Monitoring and Evaluation.

1.10.1 The objectives of Monitoring and Evaluation are to:

Produce timely, accurate and adequate information about the impact of Departmental programs, projects and policies.

1.10.2 Provide data so that plans can be adjusted and resources managed in response to needs and opportunities.

1.10.3 Reflect the Department's performance and identify the reasons for both success and failure, and how to learn from both.

1.10.4 Account to both beneficiaries and funders.

1.10.5 Prove whether:

- the programme was 'worth' the costs involved;
- the programme is actually reaching its target population; and
- improved performance resulted from interventions.

1.10.6 Improve areas of the program that are not robust in relation to the program objectives.

1.10.7 Standardize through evaluating if all Divisions are offering and utilising the agreed approach.

1.11 Guiding principles for a functional M&E system

1.11.1 Results Oriented

The M&E system shall be designed to measure results and obtain evidence that shall be useful in decision-making.

1.11.2 Participation

Participation of all relevant stakeholders shall be considered as critical to the development and implementation of any M&E framework and plan to ensure common purpose and understanding, standardization of indicators, definitions, tools, methods and development.

1.11.3 Integrated M&E systems

A cost-effective M&E system, which uses existing data sources/information systems, reporting mechanisms and avoids the establishment of unsustainable, parallel information systems, shall be recommended.

1.11.4 Phased M&E Plan

The M&E plan shall be implemented in a staggered fashion in line with the state of readiness of the various components; reporting frequency and timeframes of data collection and analysis. Investment in human resource capacity building and strengthening technical systems shall be a priority at provincial, District and facility level.

1.11.5 Essential M&E Indicators

The total number of indicators shall be based on a minimum, essential set of indicators, which reflect the high level results of the strategic plan. Any list of indicators shall be considered dynamic and shall be revised depending on availability of information and changing circumstances.

1.11.6 Comparability

Monitoring and Evaluation Indicators shall be described in relative terms to facilitate comparability over time.

1.11.7 Standardization

Methods and data collection tools shall be standardized across the Department and common definitions of the indicators shall be used. Where proportions, rates or ratios are calculated it is important to specify clearly the population denominators used. This requires all indicators to have prescribed reporting format that include fields for specifying the actual numerators and denominators used.

1.11.8 Quality Assurance

When M&E data is collected through ongoing monitoring, the type of data collected shall be what is needed and useable for M&E purposes. Quality assurance relating to data capturing and storage shall be an ongoing activity. All reports and M&E statistics shall be subject to peer-review as part of quality assurance.

1.11.9 Transparency

The methodology, assumptions and known/suspected biases involved in all indicators shall be clearly documented, and that the data used shall be subject to public scrutiny.

1.11.10 Reporting requirements

For quarterly reporting and end of the year reports, all Divisions shall be required to adhere and comply with agreed upon reporting indicator template and schedules (Reflected in Chapter 4 of this framework).

1.11.11 Timeliness

The Department shall ensure that indicators are produced as promptly as possible to ensure their relevance and contribution to the process.

1.11.12 Dissemination

Only one point of information exit shall be used to disseminate reports to the relevant stakeholders.

CHAPTER 2: INSTITUTIONALISATION OF M&E SYSTEM

2.1 COMPONENTS OF M&E SYSTEM

Monitoring and Evaluation system include structures, processes, standards, strategy, management of performance, evaluation plans, indicators, organisational culture and capacity for M&E.

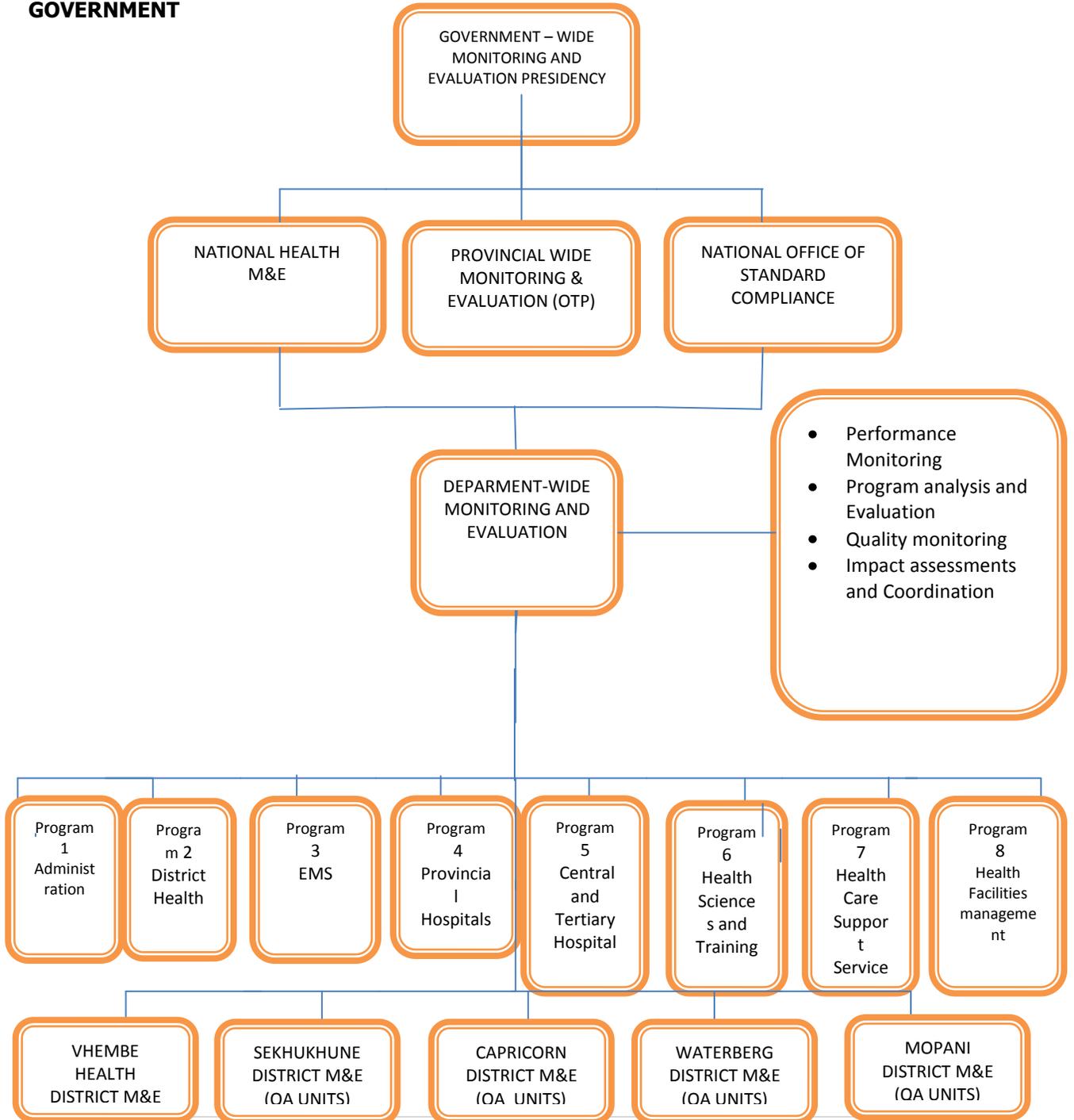
Table 5 reflects the description of the components of M&E system

TABLE 5: COMPONENTS OF M&E SYSTEM	
COMPONENT	DESCRIPTION
M&E structures	<ul style="list-style-type: none">• A dedicated M&E Division• M&E forums• Functionality forums
M&E processes	<ul style="list-style-type: none">• Availability of processes related to M&E• Clearly documented processes• Knowledge of processes
Standards for measurements	<ul style="list-style-type: none">• Clear set of core standards• Clear measurement processes for data collection• Verification or validation process for obtaining corroborating evidence
M&E strategy	<ul style="list-style-type: none">• Availability of M&E strategy regularly reviewed and updated• Strategy linked to Strategic, Annual Performance Plan and Operational Plans
Performance Management	<ul style="list-style-type: none">• Information Frameworks for monitoring programmes and projects in place
Evaluation plans for projects and programs	<ul style="list-style-type: none">• Formal plans for evaluation in place and the evaluation conducted according to plan
Indicators	<ul style="list-style-type: none">• Performance indicators regularly published and used for decision-making
Information systems for M&E	<ul style="list-style-type: none">• Availability of information systems for M&E
Reporting lines and accountability relationships	<ul style="list-style-type: none">• Responsibilities for M&E clearly are spelled out and reflected in performance agreements
Organizational culture	<ul style="list-style-type: none">• The Departmental culture support critical reflection, learning and accountability for performance
Capacity	<ul style="list-style-type: none">• Capacity for M&E are identified within the Department

2.2 Relationship between M&E, programmes and spheres of Government

Managers within the Monitoring and Evaluation staff establishment shall be dedicated to coordinate M&E activities with programs in Provincial Office and Districts. The relationship between M&E, programmes and spheres of Government is exhibited in figure 4 below.

FIGURE 4: RELATIONSHIP BETWEEN M&E, PROGRAMMES AND SPHERES OF GOVERNMENT



2.3 Monitoring and Evaluation Steering Committees

2.3.1 Departmental M&E Steering Committee

A Departmental M&E Steering Committee shall be established to support an effective coordination of Monitoring and Evaluation efforts and to enable the flow of information.

2.3.1.1 Composition: Departmental M&E Steering Committee

The following stakeholders shall serve in the committee:

- a) Senior Managers nominated from various branches;
- b) Representatives from special projects;
- c) Representatives of the Performance Monitoring and Evaluation Division;
- d) Evaluation experts shall also be invited to participate in the Steering Committee meetings.
- e) Other partners such as Implementing Agencies to be invited to take part in the discussions, depending on the subject and the scope of the evaluation to be carried out.

2.3.1.2 Functions of Departmental M&E Steering Committee

The main tasks of the Steering Committee be to:

- a) Ensure the coordination between tasks of M&E teams and particular operational programmes.
- b) Ensure monitoring of adherence to National and Provincial Guidelines and Norms and Standards.
- c) Exchange performance information and harmonize activities carried out in all Monitoring and Evaluation teams.
- d) Develop & Review Departmental Monitoring & Evaluation tools.
- e) Review Departmental based guidelines on M&E.
- f) Evaluate Monitoring and Evaluation needs through assessment and forecasting.
- g) Compile and communicate an annual needs analysis report to the relevant Division within the Department.
- h) Establish a Departmental M&E committee that shall include amongst others, the focal persons at District levels.

- i) Meet regularly and when necessitated by M&E emergency incidents within the Province.
- j) Discuss Departmental trends on M&E reports.
- k) Consolidate Provincial reports and submit the reports to the Departmental Divisions and Branches on a quarterly basis.
- l) Validate reported performance information.
- m) M&E of improvement plans.

2.3.2 District M&E Steering Committee

Districts shall establish a District Monitoring and Evaluation Steering Committee that shall meet at least quarterly or more frequently as the need arises.

2.3.2.1 Composition: District M&E Steering Committee

The District M&E Steering Committee shall consist of the following stakeholders:

- a) District Executive Manager
- b) Senior Managers or managers of the following areas, amongst others:
 - Hospital Services
 - PHC Services
 - Clinical Support
 - Financial Management Services
 - Corporate Services
 - Health Special Programs
 - Information and Record Management Services
 - M&E Manager/ Quality Assurance
 - Risk and Security Management Services
 - Communication Management Services
 - EMS
- c) Representatives from vertical programs shall be invited during meetings depending on the agenda/ results being discussed.
- d) Other partners such as Implementing Agencies to be invited to take part in the discussion, depending on the subject and the scope of the evaluation to be carried out.

2.3.2.2 Functions of District M&E Steering Committee

The District M&E Steering Committee shall:

- a) Discuss District trends on M&E reports;
- b) Develop and review Districts M&E tools;
- c) Review District based guidelines on M&E;
- d) Compile and coordinate an annual M&E need analysis and report to the Provincial M&E Steering Committee;
- e) Monitor and support facilities to adhere to facility, provincial and national guidelines, norms and standards;
- f) Develop improvement plans to close gaps identified during M&E;
- g) Meet quarterly and when emergency incidents occur within the District;
- h) Conduct District performance reviews, consolidate District reports and submit the reports to the Provincial M&E committee on a quarterly basis; and
- i) Validate the reported information.
- j) Ensure the development and implementation of improvement plans.

2.3.3 Facility M&E Steering Committee

Each health facility shall establish a facility M&E Steering Committee that shall meet at least quarterly or more frequently as needs arise.

2.3.3.1 Composition of Facility M&E Steering Committee

The Facility Monitoring and Evaluation Steering Committee shall consist of the following stakeholders:

- a) Hospital CEO
- b) Heads of the following areas amongst others:
 - Hospital Services
 - PHC Services
 - Clinical Support
 - Financial Management Services
 - Information and Record Management Services
 - M&E Manager/ Quality Assurance
 - Risk and Security Management Services

- Communication Management Services
 - EMS
 - Human resources management services
 - Nursing Services
 - PHC in District hospitals
- c) Head of Nursing School in case of Hospitals offering training of students
- d) Representatives from special programs shall be invited during meetings depending on the agenda/ results being discussed.
- e) Other partners such as Implementing Agencies to be invited to take part in the discussion, depending on the subject and the scope of the evaluation to be carried out.

2.3.3.2 Functions of Facility M&E Steering Committee

The facility M&E shall:

- a) Discuss Facility trends on M&E reports.
- b) Review Facility based guidelines on M&E.
- c) Compile and coordinate an annual M&E need analysis and report to the District M&E Steering Committee.
- d) Monitor and support service elements to adhere to the facility, District, Provincial, and National guidelines, Norms and Standards.
- e) Intervene to manage challenges identified during M&E.
- f) Meet quarterly and when emergency incidents occur within the facility.
- g) Consolidate facility reports and submit the reports to the District M&E committee on a quarterly basis.
- h) Validate the reported information.
- i) Development and implementation of improvement plans.

2.4 Structural arrangement

The Department shall establish a Monitoring and Evaluation Division with dedicated staff to perform activities. This shall done in recognition of the fact that the creation of a Monitoring and Evaluation system is a complex undertaking that require far-reaching partnerships and co-operation across all stakeholders and has significant implications for the articulation between Branches of the Department.

2.4.1 Reporting lines

Reporting lines are displayed in figure 5:

FIGURE 5: REPORTING LINES



2.4.2 Staffing

2.4.2.1 Provincial M&E staff

- a) Fourteen (14) Managers
- b) Four (4) Data typists

2.4.2.2 District Staff

- a) Four (4) Managers per District
- b) One (1) Data typist

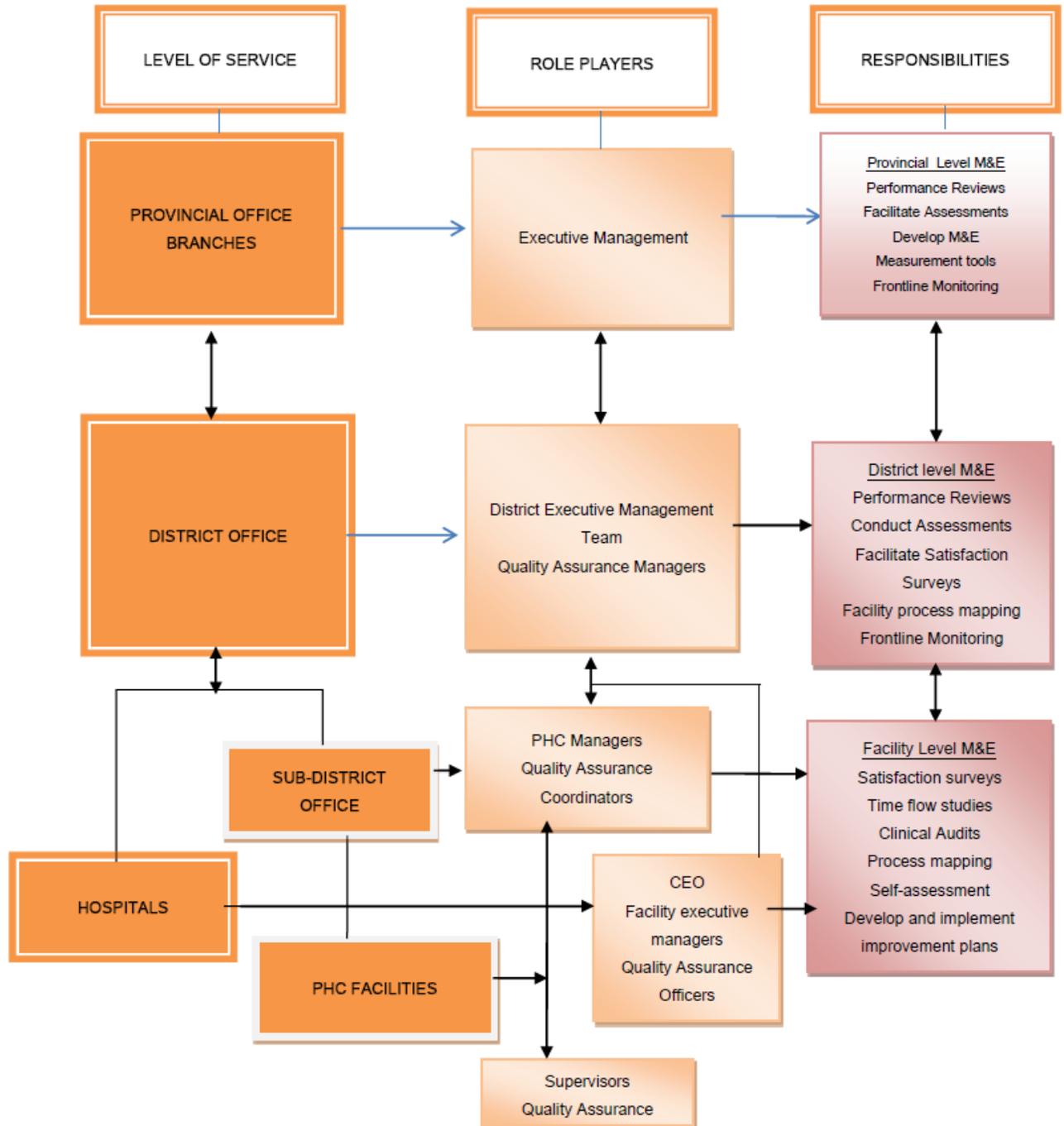
2.4.2.3 Institutional Staff

- a) Two (2) Managers per institution
- One (1) Data typist

2.5 Roles and responsibilities

Performance Monitoring and Evaluation is conducted at all levels as reflected in Figure 6.

FIGURE 6: MONITORING AND EVALUATION ROLES AND RESPONSIBILITIES AT VARIOUS LEVELS



2.5.1 Roles of M&E Division

2.5.1.1 Monitoring Responsibility

Monitoring team shall:

- a) Mainly be an internal process to be carried out during implementation of the projects, programs and policies.
- b) Involve all stakeholders, where results are shared and feedback into implementation.
- c) Gather data that allows it to measure progress against set targets but it neither evaluates nor undertakes research on issues that might arise because of uneven, unsuccessful or particularly successful implementation.
- d) Not only show whether or not certain objectives have been achieved, but also evaluate how far they have been achieved, and fundamental for the development of a theory of change that could help to steer, correct, plan, improve and show how change takes place, and what the roles of Department, Districts and facilities are in effecting change.
- e) In consultation with the relevant stakeholders, develop necessary mechanisms to analyse the data generated to provide different interpretive layers of the relationship between the inputs, processes, outputs and outcomes.
- f) Perform the following tasks:
 - o Directing the evaluation teams to carry out the additional on-going evaluation studies;
 - o Discussing and approving evaluation plans;
 - o Discussing and approving recommendations made on the basis of conclusions included in reports on the evaluation studies completed;
 - o Monitoring the progress in the follow-up of evaluation recommendations based on reports drawn up by the evaluation teams prepared on the basis of information provided from institutions to whom the recommendations relate;
 - o Making data available to the Department and external evaluators; and
 - o Monitoring the implementation of improvement plans.

2.5.1.2 Evaluation responsibility

Generally, common practice dictates that people external to the program/project with specialist skills shall carry out the evaluation. A more participatory approach involving a broad cross-section of those involved in the program/project with or without external consultants taking part shall be employed. The main evaluation responsibility shall include the following:

a) Basic evaluation functions

- Development of evaluation standards and plan shall be carried out in consultation with various Departmental Divisions.
- Planning and supervising the operational programmes' evaluation, including the coordination of work of evaluation teams located in operational programmes.
- Providing the Departmental Monitoring and Evaluation Steering Committee with information on planned evaluation studies periodical.
- Cooperation with the provincial Steering Committee in identifying research areas and preparing evaluation studies under the operational programmes and horizontal issues implemented.
- Motivating for outsourcing to external evaluators to carry out on-going evaluation studies of the Department, including outsourcing the evaluation of horizontal issues implemented and the ex-ante evaluation of the new plans.
- Preparing reports including recommendations from evaluation to be discussed at the meeting of M&E Steering Committee.
- Monitoring the follow-up of the recommendations from the evaluation made by the Monitoring Committee and providing the Committee with the report on activities undertaken in order to implement the recommendations.
- Dissemination of evaluation results, including the cooperation with experts in order to improve the evaluation quality.
- Cooperation with various programs and experts (academic experts) in order to improve the evaluation quality.
- Making data necessary to carry out a research available to the Department and external evaluators.

- Approving the content of reports on the evaluation studies that has been conducted.
- Ensuring the application of uniform standards.

b) Selecting an external evaluator or evaluation team

In selecting the external evaluators, the following shall be taken into consideration:

- The use of independent and external bodies to carry out evaluation and analyses, and to produce reports.
- External evaluators or evaluation team shall be selected based on but not limited to the following qualities:
 - An understanding of organizational issues;
 - Experience in evaluating projects, programmes or organizations.
 - A good track record with previous clients;
 - Research skills;
 - Logic and the ability to operate systematically;
 - Ability to communicate verbally and in writing;
 - A style and approach that fits with the relevant program or project;
 - Values which are compatible with those of the organization; and
 - Reasonable rates (fees), measured against the going rates.
- Meet with the evaluators before making a final decision.
- Communicate what the Department wants clearly based on good terms of reference which are the foundation of a good contractual relationship.
- Ensure that a contract makes provision for what shall happen if time frames and output expectations are not met.
- Ask for a work plan with outputs and timelines.
- Maintain contact through asking for interim reports as part of the contract which shall either be verbal or written.

(c) Ensuring compliance with evaluation standards

- For evaluations to be useful they shall meet certain standards of quality.
- Evaluation standards shall assist the Department to conduct a sound and fair evaluation, which can be applied while planning and evaluating programs.

TABLE 6: EVALUATION STANDARDS

STANDARD	CRITERIA
1. Utility Standards	
An evaluation is guided by the information needs of its users	Evaluator’s credibility: Professional competence, integrity, independence, social and communication skills
	Information selection: The information collected shall be comprehensive enough to address pertinent questions about the program and be responsive to the interests and needs of stakeholders
	Transparency of assessment: The perspectives, rationale, and procedures used to interpret the findings shall be carefully described
	Report clarity: The language shall be precise (e.g., clear definitions of the most important terms and consistent use of terminology) and easily understood by the intended audience.
	Report timeliness: Significant interim findings and final reports shall be brought to the attention of intended users, so that they can be used in a timely fashion
Evaluation impact: Evaluations shall be planned, conducted, and reported in ways that encourage stakeholder participation to varying Degrees	
2. Feasibility Standards	
An evaluation is carried out in a realistic, thoughtful, tactful, and cost-effective manner	Practical procedures: Evaluation methods and instruments shall be practical to keep disruption to a minimum while the needed information is collected.
	Political viability: The evaluation shall be planned and conducted taking into account the different positions of the various interest groups, in order to obtain a balanced presentation of different points of view. It shall enlist their cooperation and avert or counteract possible attempts to curtail evaluation activities.
	Cost effectiveness: Evaluations shall produce information of sufficient value for informed decision making, learning and accountability so that the resources expended can be justified.
3. Propriety Standards	
An evaluation would reveal and convey technically adequate information about the features that determine the value of the program being evaluated.	Formal agreement: Obligations of the formal parties to an evaluation (what is to be done, how, by whom, when) shall be agreed to in writing, so that they are obligated to adhere to all conditions of the agreement or to renegotiate it. Such a formal written agreement shall at least regulate budget, time, personnel, design, methodology and report contents.
	Protection of individual rights: Evaluations shall be designed and conducted in a way that respects and protects the rights and welfare of human beings. If an evaluation leads to well-founded conclusions that pose a threat to the welfare of individuals, the extent to which these findings are disseminated shall be carefully considered and justified.
	Human interactions: Evaluators shall respect human dignity and worth in their interactions with other persons associated with an evaluation so that participants are not threatened or harmed. Evaluators shall be familiar with the cultural practices (i.e. beliefs, manners and customs) of those involved.
	Complete and fair assessment: Evaluations shall be complete and fair in their examination and recording of strengths and weaknesses of the

STANDARD	CRITERIA
	<p>programme being evaluated, so that strengths can be built upon and problem areas addressed</p> <p>Disclosure of findings: The formal parties to an evaluation shall ensure that the full set of evaluation findings is made accessible to the persons affected by and/or interested in the evaluation.</p> <p>Conflict of Interest: Conflict of interest shall be dealt with openly and honestly so that it does not compromise the evaluation process and results. It is therefore crucial that evaluators be able to clarify their roles and make a distinction between facts and opinions. The integrity of the evaluation cannot be compromised just to accommodate conflicts of interest.</p>
4. Accuracy Standards	
<p>An evaluation would reveal and convey technically adequate information about the features that determine the value of the program being evaluated</p>	<p>Program documentation: The Program description shall be sufficiently detailed to ensure an understanding of program aims and strategies.</p>
	<p>Context analysis: program functions shall be sufficiently detailed to assist in the accurate interpretation of evaluation findings and in assessing the extent to which they can be generalized.</p>
	<p>Described purposes and procedures: The purpose and procedures of an evaluation shall be monitored and described in details so that they can be identified and assessed.</p>
	<p>Defensible information sources: The criteria used for selecting sources shall be stated clearly so that users and other stakeholders can interpret the information accurately and assess if it might be biased.</p>
	<p>Valid and reliable information: The information gathering procedures implemented shall provide assurance that the interpretation arrived at is valid and reliable.</p>
	<p>Systematic review of information: The information collected, analyzed, and reported in an evaluation shall be systematically reviewed and any errors found shall be corrected.</p>
	<p>Analysis of qualitative and quantitative data: Qualitative and quantitative data shall be analyzed in an appropriate, systematic way so that the evaluation questions can be effectively answered. Data analysis shall follow rules of methodological soundness.</p>
	<p>Justified conclusions: The conclusions reached in an evaluation shall be explicitly justified so that stakeholders can assess them. Evaluation information must be interpreted to appreciate the practical significance of what has been learned. Conclusions can be both positive and negative. Controversial conclusions shall be substantiated.</p>
	<p>Impartial reporting: Reporting procedures shall guard against distortion caused by personal feelings and bias of any stakeholder group. All relevant perspectives shall be fairly represented.</p>
<p>Meta evaluation: The evaluation itself shall be subject to an assessment of the evaluation's process and quality upon its completion using these and other pertinent standards to determine its strengths and weaknesses</p>	

2.5.1.3 Impact assessment and coordination

Impact assessment and coordination team shall differentiate those changes that are attributable to the projects interventions from other external factors contributing to change.

2.5.1.4 Basic impact assessment responsibilities

The impact assessment responsibilities include:

- a. Coordination and identification of programs/projects that require impact assessment;
- b. Development of assessment frameworks (modeling);
- c. Collection and collation of data from different sources in relation to developed models;
- d. Conducting regression analysis on dependent and independent variables;
- e. Interpretation of results/findings to determine relationships;
- f. Writing of report on the impact of government interventions to the population;
- g. Distribution of reports to relevant stakeholders.

2.5.1.5 Research coordination responsibilities shall be to:

- a. Coordinate research seminars, workshops and other dialog activities;
- b. Develop a provincial research system;
- c. Facilitate the integration of research through establishing the setting of research priorities as a corner stone of the health system;
- d. Develop a coordinated and well-funded agenda for research;
- e. Co-ordinate research by liaising with all research stakeholders conducting research within the Province;
- f. Encourage endorsement of research-based knowledge into the Departmental system;
- g. Build research capacity in all health services;
- h. Develop a research communications strategy that establishes mechanisms for the dissemination of information;
- i. Ensure that research committees are in place;
- j. Conduct research on Department's specific health problems;
- k. Respond to requests from agencies wishing to undertake research and evaluation of services.

2.5.1.6 Human rights protocol coordination responsibility

- a. Overseeing the implementation and enforcement of the Charter from political mobilization and community participation in campaigns to protect socio-economic rights more effectively in the Department;
- b. Facilitating the realization of the rights within the context of a unified Departmental system;
- c. Monitoring and Evaluation of the Human Rights Protocols giving special attention to meeting the special needs of clients;
- d. Ensuring that the Human Rights Protocols are implemented at provincial, District and institution levels and periodic reports are submitted.

2.6 Financial Resources for effective M&E Implementation

The budget shall also be allocated to support the M&E activities.

CHAPTER 3: DESIGNING MONITORING AND EVALUATION SYSTEM

Eleven steps through which the Department shall design, build and sustain a Results-Based Monitoring and Evaluation System.

3.1 Conducting a readiness assessment

The Department shall:

- 3.1.1 Assess the roles and responsibilities of existing structures to monitor and evaluate development goals.
- 3.1.2 Assess current capacity to monitor and evaluate focusing on:
 - a. Technical skills
 - b. Managerial skills
 - c. Existing data systems and their quality
 - d. Technology available
 - e. Fiscal resources available
 - f. Institutional experience

3.2 Choosing outcomes to monitor & evaluate

The Department shall:

- 3.2.1 Develop a participative approach that includes the views and ideas of key stakeholders; based on the fact that the new realities of governance, globalization and citizen expectations require an approach that is consultative, cooperative and committed to consensus building.
- 3.2.2 Reformulate the concerns identified by stakeholders into positive, desirable outcomes.

3.3 Selecting key indicators to monitor outcomes

Outcome indicators are not the same as outcomes, therefore, the Department shall translate each outcome needs into one or more indicators considering the following criteria:

Clear:	Precise and unambiguous
Relevant:	Appropriate to subject at hand
Economic:	Available at reasonable cost
Adequate:	Must provide a sufficient basis to assess performance
Monitorable:	Must be amenable to independent validation

In selecting key indicators, the Department shall take into account the SMART criteria such as:

Specific:	Clearly identify the nature and the required level of performance
Measurable:	The required performance be measured
Accurate:	Setting realistic targets, based on the existing capacity
Realistic:	Linking the required performance to the achievement of a goal/strategic objective
Time-bound:	Specifying the time period or deadline for delivery

3.4 Baseline data on indicators

The Department shall establish the baseline data on indicators information (quantitative or qualitative) that provides data at the beginning of, or just prior to, the monitoring period in order to

- learn about recent levels and patterns of performance on the indicator;
- and
- gauge subsequent policy, program or project performance.

M&E indicators are contained within the M&E plan in Appendix 1.

3.5 Planning for improvement – selecting targets

3.5.1 The Department shall consider the following factors when selecting targets:

- a. Clear understanding of baseline;
- b. Funding and level of personnel resources expected throughout the target period;
- c. Amount of outside resources expected to supplement the program's resources;
- d. Political concerns; and
- e. Institutional capacity.

3.5.2 The following additional aspects shall be taken into consideration:

- a. Setting one target for each indicator;
- b. If the indicator is new (not previously used) the Department shall be careful on setting firm targets (using a range);
- c. Setting of MTEF, annual and quarterly targets;
- d. setting realistic targets;
- e. that a target does not have to be one single numerical value; it can be a range;
- f. Previous performance;
- g. Taking baseline seriously; and
- h. Setting targets that are feasible, and in line with available resources (inputs).

3.6 Monitoring the results

The Department shall track both implementation (inputs, activities, outputs) and monitor the results (Outcomes). Monitoring details are discussed in Chapter 2.

3.7 Evaluation of results

- The Department shall conduct an assessment of planned, ongoing or completed intervention to determine its relevance, efficiency, effectiveness, impact and sustainability to incorporate lessons learned into the decision-making process. Evaluation details are discussed in Chapter 2
- Data shall be analyzed and reported in accordance with the performance information reporting guidelines as outlined in Chapter 4 of this framework.

3.8 Using the findings

The results shall be used for the following reasons:

- 3.8.1 To formulate and justify budget requests;
- 3.8.2 Making operational resource allocation decisions;
- 3.8.3 In-depth examinations of what performance problems exist and what corrections are needed;
- 3.8.4 Motivating personnel to continue making program improvements;
- 3.8.5 Monitoring the performance of contractors and grantees;
- 3.8.6 Providing data for special, in-depth program evaluation;
- 3.8.7 Providing services more efficiently;
- 3.8.8 Supporting strategic and other long-term planning efforts (by providing baseline information and later tracking progress);
- 3.8.9 Communicating better with the public to build public trust; and
- 3.8.10 Responding to elected officials' and the public's demands for accountability.

3.9 Sustaining the M&E system

The following critical elements shall be considered in sustaining the Departmental M&E system:

3.9.1 Clear roles and responsibilities

- a. Establishment of formal organizational lines of authority (that are clear) for collecting, analyzing and reporting of performance information;
- b. Building a system that links the central planning to all programs (internal coordination);
- c. Issuing clear guidance on who is responsible for which components of the M&E system and procedures;
- d. Building a system that has demand for results information at every level where information is collected and analyzed, i.e. there is no level in the system that is only a "pass through" of the information.

3.9.2 Trustworthy and credible information

- a. The M&E system shall be able to produce results information that brings both desirable and undesirable news;
- b. The producers of results shall be protected from all sorts of reprisals;
- c. The results produced by the M&E system shall be transparent and subject to independent verification;
- d. The data collection and analysis procedures shall be subject to review by relevant authorities.

3.9.3 Accountability

3.9.3.1 Members of Senior Management (Heads of Branches, Sub-branches, Districts and Divisions) shall be held accountable in terms of:

- Achieving measurable, high-quality, timely, and cost effective results.
- Determination of objectives, setting priorities, and delegation of work.
- Accepting responsibility for mistakes.
- Complying with established control systems and rules.

9.9.3.2 Members of Senior Management shall be accountable for performance through an effective performance management program, which incorporates planning, monitoring, developing, evaluating, and rewarding.

9.9.3.3 Performance review processes shall:

- Focus on results-oriented measures;
- Incorporate organizational performance results into decisions about individual performance ratings and recognition;
- Use performance data to adjust pay, reward, reassign, develop and or make other performance decisions;
- Include strong oversight to ensure that results are fair and credible; and
- Ensures that ratings are not given arbitrarily or on a rotational basis but based on actual performance which is supported by reported performance information.

3.10 M&E capacity building

Capacity building shall be carried out in line with the Capacity building M&E plan as exhibited in appendix 3 focusing among others on the following areas:.

- 3.10.1 Sound technical skills in Monitoring and Evaluation;
- 3.10.2 Data collection, analysis, and interpretation;
- 3.10.3 Managerial skills in strategic goal setting;
- 3.10.4 Quality assurance; and
- 3.10.5 Report writing and validation of reported information.

3.11 Change management

The following change management approaches shall be considered:

- 3.11.1 Outlining clear reasons why change is needed— through presenting the findings and conclusions and involving relevant people in decision-making.
- 3.11.2 Assisting staff to see the whole picture — beyond their little bit to the overall impact on the problem analysed.
- 3.11.3 Focusing on the key issues such as recognising anger, fear, and resistance.
- 3.11.4 Listening to people and giving them the opportunity to express frustration and other emotions.
- 3.11.5 Encouraging a feeling that change is exciting.
- 3.11.6 Emphasising the importance of everyone being committed to making it work.
- 3.11.7 Creating conditions for regular interaction.
- 3.11.8 Introducing change in phases so that people can deal with it.

CHAPTER 4: PERFORMANCE INFORMATION REPORTING GUIDELINES

4.1. Purpose

The purpose of the reporting framework is to present the reporting guidelines with regard to:

- 4.1.1 Reporting the performance; performance position; and changes in performance.
- 4.1.2 Developing the monitoring report, the methodology for developing corrective action plans and the importance of providing technical assistance and follow-up as part of the monitoring process.

4.2 Background of performance information reporting

- 4.2.1 Recent global emphasis on Monitoring and Evaluation is linked to the notion that government also needs to demonstrate accountability and efficiency.
- 4.2.2 Demystification implies that both the political (elected) and administrative (appointed) spheres show results, and are open to be measured externally.
- 4.2.3 Government is required to measure and report on its performance.

4.3 The process for reporting performance

4.3.1 Elements of good performance reporting

- 4.3.1.1 Specific findings of the performance review, both positive and negative;
- 4.3.1.2 Itemized constructive recommendations to correct problems revealed during the monitoring review process;
- 4.3.1.3 Corrective actions must be spelled out in specific terms; and
- 4.3.1.4 Focus shall be on program improvement rather than criticism.

4.3.2 The performance reporting period

Each quarter, the department shall review the most recent report as follows:

Institutional performance reviewal and reporting to Districts -Second (2nd) day after the end of the Quarter.

- Districts performance reviewal and reporting: Sixth (6th) day after the end of the Quarter.
- Branches performance reviewal and reporting: Eighth (8th) day after the end of the Quarter.

- Executive Management performance reviewal and reporting with HOD presiding and the MEC in attendance: Eleventh (11th) day after the end of the Quarter. In case where the MEC is not available to attend performance reviewal session, the Accounting Officer (HOD) takes the responsibility of presenting performance report to the MEC.
- Validation of reports: Twelfth (12th) day after the end of the Quarter.
- Presenting/submission to the MEC for approval: Thirteenth (13th) day after the end of the Quarter.
- Submission to oversight institutions: fifteenth (15th) day after the end of the Quarter.

4.3.3 Key submission dates and responsibilities in line with PFMA to relevant Authorities

The PFMA allows Departments a two month period after the close of the financial year to prepare the financial information for audit. The reporting schedule is outlined in Table 7 below:

TABLE 7: PFMA REPORTING SCHEDULE

ACTION	DATE	RESPONSIBILITY
Submit approved financial statements and report of the Accounting Officer to relevant treasury and Auditor-General (for auditing).	31 May	Accounting Officer
Auditors must submit Audit report to the Accounting Officer	31 July	Auditor-General
Submission of annual report, annual financial statements and audit report to relevant Treasury and the Executive Authority	31 August	Accounting Officer
Executive authority to Table in provincial legislature	30 September	MEC

4.3.4 Aspects to be considered during reporting

- Combination of qualitative information along with quantitative data;
- When comparisons show unexpected trends or values, provide explanations if known;
- Report internal explanatory notes e.g. loss of program personnel or other resources;
- Report external explanatory notes e.g unexpected natural disaster, or policy changes;
- Summarize important findings;

- The performance report shall include explanations about inadequate outcomes and identify steps taken or planned to correct problems;
- Provide information on the status of projects, programs, and policies;
- Provide clues to problems; and
- Create opportunities to consider improvements in the implementation strategies of projects, programs, or policies.

4.3.5 Reporting format

The format shall be in line with the Annual Performance Plan and Treasury Guidelines.

4.4 Validation of reported performance information

The reports shall be accompanied by corroborating evidence at all levels and shall also include planned vs. actual expenditures and the percentage of progress toward the planned expenditure goals.

Mechanisms, systems and processes to validate performance information shall be developed and implemented. Validation shall occur in various distinct phases within the monitoring process:

- Firstly, reported raw data shall be validated by M&E Practitioners;
- Secondly, once scoring was done during the assessment phase M&E practitioners shall validate scores to ensure correctness; and
- Thirdly, assimilated information presented on the system shall be validated through the internal auditing process.

Validation of reported information shall be conducted through internal M&E quality assurance processes to verify the presented information. Data validation shall be carried out by comparing other dependently obtained data on the same topic to submitted data. M&E verification of reported performance information shall focus on:

- Determining the quality and validity of the data on programmes and projects presented;
- Reliability of measuring tools to determine the level or extent of targets achieved; and
- Reliability of data used during the scoring process.

In order to validate reported performance information the following shall be adhered to:

- Comparing newly reported performance information to previously submitted data and identify areas of discrepancies;
- Using supportive documentation submitted by the Heads of Branches to compare and verify reported performance information;
- Using SMART System to determine actual results achieved;
- Collecting monitoring evidence to corroborate or contradict reported performance information by, for example, photographic progress; and
- Creating a hyperlink system to real source of evidence.

4.5 Early warning system

Early warning refers to the process of identifying potential areas of concern that can negatively impact on the operations of the Department and its achievement of the outcomes.

Early warning signs shall be identified through:

- The process of finding and characterizing elements of non-performance, including but not limited to hazards, events, consequences and probability.
- Identifying measures that can negatively impact on the successful achievement of outcomes.
- Ensuring that early warning signs of non-performance are identified at Provincial, District and facility levels by those responsible for the M&E of programmes, projects and policies.
- Analysing (analytical report) of the reported performance information, assessment of whether set targets are achieved and making recommendations for improvements where the early warning results indicate potential negative impact on success.

4.6 Distribution of reports

Copies of the approved final performance reports shall be distributed to the following:

- Senior Managers
- District Executive managers
- General Managers
- Heads of Branches
- Head of Department
- Member of Executive Council (MEC)
- Auditor General
- Office of the Premier
- Provincial Treasury
- National Department of Health
- Provincial Legislature

4.7 Corrective action plan

The corrective action planning process shall be relatively simple; a condition or problem shall be observed and recommendations shall be provided to create improvement action plan in accordance with the following process:

4.7.1 Problem Analysis

Aspects that need to be considered in analyzing the problem include the following:

4.7.1.1 Circumstances whether the situation resulted from the following:

- Lack of capability (staff incompetency, management practices, etc);
- Inadequate or unclear contract/agreement specifications;
- Policies or administrative procedures;
- Insufficient funding to support required performance;
- Lack of/poor communication; and
- Combination of above factors.

4.7.1.2 Significance whether the situation have an impact on:

- Only the administration and/or operations of the service provider;
- Total program capability of service provider;
- Budget and resources to a major or minor degree;
- Community relationships or politically sensitive issues;
- Needed services to participants or target population; and

- Participants with regard to reaching training objectives.

4.7.1.3 Consequences in case of recommended/improvement whether it is:

- possible to achieve within the agency capability and available funding without negative consequences;
- possible within a reasonable amount of time to have significant and positive effect, or will contract termination be required;
- achievable without causing gaps in program service;
- essential for both contract/agreement and program compliance;
- going to create conflict or embarrassing situation thereby further aggravating a difficult situation; and
- sufficient to create a satisfactory condition, albeit not the “ideal”.

4.8 Problem-Identification and Correction

4.8.1 Problem Identification

Problems shall be identified in clear, objective and quantifiable terms.

The following five steps shall be taken:

- Step 1: determine the desired performance level and measure the deviation from the standard;
- Step 2: document the existing conditions that led to the deviation;
- Step 3: identify and document the probable cause(s) of the problem, keeping in mind that most problems are not attributable to one single factor but rather a combination of factors;
- Step 4: determine the relative weight or impact of each factor or factors and the possible interrelationships among them, and consider which factors are truly essential creating a remedy for the problem, i.e., can corrective action to a minimal number of factors achieve the desired results or do all the factors need corrective action; and
- Step 5: identify the most critical of these factors to determine which ones are most in need of corrective action.

4.8.2 Problem Correction

The process of problem correction shall be proactive and future-oriented.

A systematic approach to problem correction would include the following:

- Establishment of the objectives to be achieved by the corrective action plan;
- Measurable standards shall state what is to be done, by whom, how, when and if applicable at what cost;
- Setting of the priorities for the objectives of the corrective action plan, creating a list of changes that *must* happen vs. those that would be desirable;
- Development of the alternative approaches to the solutions of the problem;
- Analysis and evaluation of each alternative in terms of implementation time, cost (both direct and indirect), staffing, materials, policy implications and overall organizational benefit; and
- Selection of the best alternative and develop the appropriate systems, training materials, commitment, and written statement of the corrective action prior to implementation of any plan after analysis.

4.8.3 Corrective action plan implementation

- All Branches, Sub-Branches, Divisions and Programs shall have 30 days from the date that the performance monitoring report becomes final to implement any corrective action plan required to comply with the monitoring report recommendations.
- The implementation shall be closely monitored for its effectiveness as well as to watch for unintended consequences of the plan.
- A decrease in the deviation from the original program standards or goals shall be the best measurement of how effective the corrective action plan is.
- Monitoring of progress shall be carried out by the Monitoring and Evaluation Division.
- All Branches, Sub-Branches, Divisions and Programs shall be responsible for continuous implementation and monitoring of their respective programs, projects and policies.

CHAPTER 5: IMPLEMENTATION PROCESS OF THE M&E FRAMEWORK

5.1 Developmental Phase

The developmental phase M&E Framework shall include the development of a preliminary M&E Plan and an investigation into data sources.

5.2 Engagement with various stakeholders

- The draft Framework was distributed to internal stakeholders for inputs and comments.
- All stakeholders shall be engaged to familiarise them with the M&E system.
- A series of discussions with key stakeholders (both external and internal), shall conducted with regard to the implementation of the framework.

5.3 Implementation of the M&E framework

- A detailed implementation plan of the regular M&E process shall be developed.
- The plan shall, amongst others, address the following issues:
 - the coordination of standardized M&E results with similar initiatives in the system;
 - the conduct of routine descriptive and longitudinal monitoring studies;
 - the augmentation of M&E studies with selective in-depth case studies of a qualitative and evaluative nature;
 - the interpretative process; and
 - associated timelines, including timelines for reporting results to all levels of Management and Leadership.
- To strengthen the implementation of the framework, the electronic M&E system shall be embarked upon.

5.4 Utilisation of M&E results

5.4.1 To warrant a degree of utilisation, users shall be identified at multiple levels of the Health system and its stakeholders.

- 5.4.2** The regular dissemination of integrated information about the achievement of the policy goals could become an important tool for policy analysts and researchers investigating different aspects of Health reform.
- 5.4.3** Finally, dissemination of information might be of interest for the general public and, especially, for users of health services.
- 5.4.4** The implementation of a Monitoring and Evaluation system shall show the importance of creating baseline information and institutionalising regular evaluation systems on which to base internal strategic planning.
- 5.4.5** Monitoring and Evaluation results shall reflect problem areas to the Members of Executive Management.
- 5.4.6** The Monitoring and Evaluation results shall reflect certain areas of research.
- 5.4.7** Monitoring and Evaluation results shall be used to create the space for public debate and a better understanding of Departmental contribution to society, thus helping to rethink the position and role of the Department within civil society.

5.5 Ownership of the system

The Department shall ensure that the M&E system is owned by all stakeholders. In reality this means that the system shall be used by all those involved at different levels of project implementation to ensure that the programme achieves its objectives.

5.6 Revision

The framework shall be revised as and when necessitated by changes in legislation and Policies.

6. CONCLUSION

The Departmental staff has an important role to play in Monitoring and Evaluation. They can contribute their knowledge and expertise to carry out M&E activities directly and use the results to keep the Department performing. The implementation of this framework will be carried out in phases, through accessing M&E findings, civil society organizations can participate in striving to contribute in projects, which promotes health for all citizens.

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8. LIST OF APPENDICES

APPENDIX 1: MONITORING AND EVALUATION PLAN

MONITORING AND EVALUATION PLAN															
Outcome	Output	Sub-Output	Indicator	Indicator Definition	Target	Baseline	Disaggregation	Means of Verification	Data Provision Responsibility	Data Collection Responsibility	Frequency of Collection	Analysis Responsibility	When will it be Analysed	Reporting Responsibility	Frequency of Reporting
Outcome 2: A long and healthy life for all South Africans	Output 1: Increasing life expectancy	Average Life Expectancy													
		Increase the number of new patients initiated on Antiretroviral Therapy (ART)	Number of new adult patients on ART	Number of new adult patients on ART	30 000	26 650	PHC hospitals Districts, Provincial office	DHIS	Data captureurs	Information officer	Monthly	Programme Manager	Quarterly	HIV/AIDS Programme Manager	Quarterly
			Number of new child patients on ART	Number of new child patients on ART	7641	4335	PHC, hospitals Districts, Provincial office	DHIS	Data captureurs	Information officer	Monthly	Programme Manager	Quarterly	HIV/AIDS Programme Manager	Quarterly
		Initiate people with HIV and AIDS and Tuberculosis (TB) co-morbidity at a CD 4 count of 350 or less on ART	Percentage of patients with TB/HIV co-infection initiated on ART	Percentage of co-infected TB/HIV initiated on ART	100%	28%	PHC, hospitals and Province	ETR.Net	Data capturer, sub-District and TB coordinators	Nurses	Quarterly	Operational Managers TB co-ordinator of District and province	Quarterly	Operational Managers, TB co-ordinator of District and Province	Quarterly
		Strengthen the integrated TB Control Programme	Number of Community Health Workers trained	Number of Community Health Workers Trained	500	400	Sub-District coordinators	Attendance registers	TB coordinators	TB coordinators	Quarterly	TB Coordinators	Quarterly	Sub-District and Province	Quarterly
			Number of health facilities with drug stock out	Number of health facilities with drug stock out	Zero (i.e. no health facility experiencing stock-	Unknown	Pharmaceutical Services Directorate	Reports and stock control mechanisms	Pharmaceutical Directorate	Pharmaceutical Directorate	Quarterly	Senior Manager Pharmacy	Quarterly	District and Province	Quarterly

MONITORING AND EVALUATION PLAN

Outcome	Output	Sub-Output	Indicator	Indicator Definition	Target	Baseline	Disaggregation	Means of Verification	Data Provision Responsibility	Data Collection Responsibility	Frequency of Collection	Analysis Responsibility	When will it be Analysed	Reporting Responsibility	Frequency of Reporting
					outs										
		Increase the TB cure rate	Percentage of new smear positive PTB cured	Percentage of patients who are proved to be cured using smear microscopy at the end of the treatment (bacteriological proof)	62.4% PTB cure rate	62%	PHC, hospitals, District, provincial office	ETR.Net	Data capturers	Information Officers	Monthly	Quality Assurance	Quarterly	TB Programme Manager	Quarterly
		Halt malaria transmission and prevent re-introduction of malaria in non-endemic areas	Implementation plans developed and implemented	Malaria elimination plan developed and implemented	Malaria elimination plan developed 2010/11 & implemented 2011/12	None. Only control activities in place	Provincial office & Districts	Plan in place	Senior Manager Malaria	Senior Manager Malaria	Annually	Quality Assurance	Annually	Senior Manager Malaria	Annually

MONITORING AND EVALUATION PLAN

Outcome	Output	Sub-Output	Indicator	Indicator Definition	Target	Baseline	Disaggregation	Means of Verification	Data Provision Responsibility	Data Collection Responsibility	Frequency of Collection	Analysis Responsibility	When will it be Analysed	Reporting Responsibility	Frequency of Reporting
		Decrease the incidence of malaria	Malaria incidence per 1000 population at risk	Malaria incidence of locally acquired malaria cases	Cases/1,000 popul. at risk: Vhembe <2 Mopani < 0.8	2008/09 Vhembe: 2.13 Mopani: 0.92	PHC, Hospitals, Laboratories, Districts, provincial	Malaria information system	Senior Manager Malaria	Senior Manager Malaria	Daily	Senior Manager Malaria	Annually	Senior Manager Malaria	Annually
		Enhance the implementation of the National Epidemic Preparedness and Response Plan in line with International Health Regulations	Implementation plan that addresses core capacities of IHR.	Implementation plan that addresses core capacities of IHR.	Implementation plan for IHR developed based on National EPR	Assessment of Core activities for IHR conducted	PHC, Hospitals, Laboratories, Districts, provincial	EPR Reports	Senior Manager Epidemiology	Senior Manager Epidemiology	Daily	Senior Manager Epidemiology	Annually	Senior Manager Epidemiology	Annually
		Decrease the incidence of hypertension	Hypertension high risk incidence rate	High risk hypertension cases expressed per 1000 population 40 years and older	To be established	To be established	PHC, Hospitals,	Registers	Programme Manager PHC	Programme Manager PHC	Quarterly	Programme Manager PHC	Quarterly	Programme Manager PHC	Quarterly
		Increase the percentage of infants requiring dual therapy for PMTCT who actually receive from	Percentage of facilities implementing PMTCT dual therapy	Hospitals & PHC facilities offering PMTCT services (Dual therapy)	100%	See report	PHC, Hospitals,	DHIS	Data Capturer	Information Officer	To be provided by department	Quality Assurance	Quarterly	to be provided by department	Quarterly

MONITORING AND EVALUATION PLAN

Outcome	Output	Sub-Output	Indicator	Indicator Definition	Target	Baseline	Disaggregation	Means of Verification	Data Provision Responsibility	Data Collection Responsibility	Frequency of Collection	Analysis Responsibility	When will it be Analysed	Reporting Responsibility	Frequency of Reporting
		10% to 60%													
		Increase the percentage of maternity care facilities which review maternal and perinatal deaths and address identified deficiencies from 53% to 1000%	Percentage of maternity facilities conducting perinatal and maternal Mortality and Morbidity review meetings	Percentage of maternity facilities conducting perinatal and maternal Mortality and Morbidity review meetings	100%	53%	Hospitals,	Facility Reports	Programme Manager MCWH	Programme Manager MCWH	Monthly	GM Special Health Programme's. Senior Manager MCWH	Following month	Programme Manager MCWH	Monthly
		Increase the Percentage of deliveries attended to by skilled health personnel	Percentage of deliveries taking place in a health facility under the supervision of trained personnel.	Percentage of women who gave birth in the 5yrs preceding the SADHS who reported that medical assistance at delivery from either a doctor, nurse or	100%	94.30%	PHC facilities	DHIS	Programme Manager MCWH	Programme Manager MCWH	Monthly	Manager/CEO	Monthly	Programme Manager MCWH	Annually

MONITORING AND EVALUATION PLAN

Outcome	Output	Sub-Output	Indicator	Indicator Definition	Target	Baseline	Disaggregation	Means of Verification	Data Provision Responsibility	Data Collection Responsibility	Frequency of Collection	Analysis Responsibility	When will it be Analysed	Reporting Responsibility	Frequency of Reporting
				midwife.											
		Increased contraceptive protection levels	Percentage of woman using a contraceptive method	Percentage of women(14-44) using a contraceptive method	90%	65.00%	PHC, Hospitals	Registers	Program Manager MCWH	Program Manager MCWH	Annually	Manager/CEO	Monthly	Program Manager MCWH	Quarterly
		Increase the percentage of children under 1 year of age that are vaccinated with pneumococcal and rotavirus vaccines to 90%	Percentage children immunized with the new vaccines	All children under one year who received PCV 3rd dose at 9 months. All children under 24 weeks who received RV 2nd dose.	90% Pneumococcal (PVC) 3rd Dose Coverage 90% Rota Virus (RV) 2nd Dose Coverage	Baseline info only exists for broader categories of vaccination. PVC & RV not previously disaggregated	PHC, Hospitals PHC, Hospitals	DHIS	EPI Program manager	Information Officers	Monthly	EPI Programme manager	EPI Program manager	EPI Program manager	Quarterly

MONITORING AND EVALUATION PLAN

Outcome	Output	Sub-Output	Indicator	Indicator Definition	Target	Baseline	Disaggregation	Means of Verification	Data Provision Responsibility	Data Collection Responsibility	Frequency of Collection	Analysis Responsibility	When will it be Analysed	Reporting Responsibility	Frequency of Reporting
		Increase the immunisation coverage from 88% to 90%	Percentage of fully immunized coverage for children < 1 year	Percentage of all children in the target area under one year who complete their primary course of immunisation during the month (annualised). A Primary Course includes BCG, OPV 1,2 & 3, DTP-Hib 1,2 & 3, HepB 1,2 & 3, and 1st measles 9 month.	90%	88%	PHC	DHIS	EPI Programme manager	Information Officers	Monthly	EPI Programme manager	EPI Programme manager	EPI Programme manager	Quarterly
		Increase the percentage of Nurse Training institutions that teach IMCI in pre-	Percentage of institutions dealing with community component	Percentage of PHC facilities with IMCI	60%	32%	PHC	Peer reviews MCHW tool	Programme Manager MCWH	Programme Manager MCWH	Quarterly	Manager Maternal Health. District MCWH co-ordinator	Quarterly	Programme Manager MCWH	Quarterly

MONITORING AND EVALUATION PLAN

Outcome	Output	Sub-Output	Indicator	Indicator Definition	Target	Baseline	Disaggregation	Means of Verification	Data Provision Responsibility	Data Collection Responsibility	Frequency of Collection	Analysis Responsibility	When will it be Analysed	Reporting Responsibility	Frequency of Reporting	
		service curriculum from 70% to 100%	of IMCI	health care providers												
		Increase the proportion of primary schools providing health services	Percentage of primary schools implementing School Health Services	Percentage of primary schools receiving school health services	97%	95%	Schools, PHC facilities	School registers	Programme Manager MCWH	Programme Manager MCWH	Quarterly	Manager Maternal Health	Quarterly	Programme Manager MCWH	Quarterly	
		Decreased infant mortality rates at birth	Life expectancy at birth	No. Children less than one year old who die in one year, per 1000 live births during that year	12.6	13.4	Clinics Hospitals Districts and Province	MCHW Tool	Programme Manager MCWH	Programme Manager MCWH	Quarterly	Manager Maternal Health District MCWH coordinator	Quarterly	Programme Manager MCWH	Quarterly	
		Decreased child mortality rate	Facility mortality rate for children < 5	The number of children who have died in a health facility between birth and their fifth birthday, expressed per thousand	20 per 1 000	104 per 1 000	Clinics, hospitals, Districts and province	MCHW tool	Programme Manager MCWH	Programme Manager MCWH	Quarterly	Manager Maternal Health	Quarterly	Programme Manager MCWH	Quarterly	

MONITORING AND EVALUATION PLAN

Outcome	Output	Sub-Output	Indicator	Indicator Definition	Target	Baseline	Disaggregation	Means of Verification	Data Provision Responsibility	Data Collection Responsibility	Frequency of Collection	Analysis Responsibility	When will it be Analysed	Reporting Responsibility	Frequency of Reporting
				live births in facility.											
		Decrease infant mortality rate after birth	Facility mortality rate for children <1	The number of children who have died in a health facility between birth and their first birthday, expressed per thousand live births in facility.	18 per 1 000	53 per 1 000	Clinics Hospitals Districts and Province	DHIS	Program me Manager MCWH	Program me Manager MCWH	Quarterly	Manager Maternal Health	Quarterly	Program me Manager MCWH	Quarterly
		Decrease maternal mortality rates	Facility maternal mortality rate	Number of women who die as result of childbearing, during pregnancy or within 42 days of delivery or termination	100 per 100 000 live births	625 per 100 000	Clinics Hospitals Districts and Province	DHIS	Program me manager MCWH	Program me Manager MCWH	Quarterly	Manager Maternal Health	Quarterly	Program me Manager MCWH	Quarterly

MONITORING AND EVALUATION PLAN

Outcome	Output	Sub-Output	Indicator	Indicator Definition	Target	Baseline	Disaggregation	Means of Verification	Data Provision Responsibility	Data Collection Responsibility	Frequency of Collection	Analysis Responsibility	When will it be Analysed	Reporting Responsibility	Frequency of Reporting
				on of pregnancy in one year, per 100 000 live births during that year.											
		Decrease levels of HIV and AIDS prevalence	HIV prevalence(amongst 15-24 year old pregnant women)	Percentage of women aged 20-24 years surveyed testing positive	Nil	21,4%	PHC Hospitals District Provincial	DHIS	HIV/AIDS Programme Manager	HIV/AIDS Programme Manager	Monthly	Programme Manager	Quarterly	HIV/AIDS Programme Manager	Quarterly
		Decreased mother to child transmission rate	Percentage of babies testing PCR positive six weeks after birth as a proportion of babies tested at six weeks.	Percentage of babies testing PCR positive six weeks after birth as a proportion of babies tested at six weeks	<5%	10%	PHC, Hospitals District Provincial	DHIS	HIV/AIDS Programme Manager	HIV/AIDS Programme Manager	Monthly	Programme Manager	Quarterly	HIV/AIDS Programme Manager	Quarterly
		Increase the proportion of pregnant women tested through health care provider-initiated counselling	Number of HIV positive pregnant women initiated on ART	Number of HIV pregnant women who are initiated on HAART	3000	1260	PHC, Hospitals District Provincial	DHIS	HIV/AIDS Programme Manager	HIV/AIDS Programme Manager	Monthly	Programme Manager	Quarterly	HIV/AIDS Programme Manager	Quarterly

MONITORING AND EVALUATION PLAN

Outcome	Output	Sub-Output	Indicator	Indicator Definition	Target	Baseline	Disaggregation	Means of Verification	Data Provision Responsibility	Data Collection Responsibility	Frequency of Collection	Analysis Responsibility	When will it be Analysed	Reporting Responsibility	Frequency of Reporting
				during the current pregnancy											
		Scaling up condom distribution for both male and female condoms	Number of male condoms distributed within the province	Number of male condoms distributed to male population 15 years and over	30 000 000 (30 M)	22 688 612	PHC, Hospitals District Provincial	registers	Data capturers	Information officers	Monthly	Quality Assurance	Quarterly	HIV and AIDS Managers	Quarterly
			Number of female condoms distributed	Number of female condoms distributed within the province to population 15 years and over	1,800, 000	362 993	PHC, Hospitals District Provincial	registers	Data capturers	Information officers	Monthly	Quality Assurance	Quarterly	HIV and AIDS Managers	Quarterly
		Decrease the number of TB cases from 431 165 to 175 000	TB Incidence	Number of cases reduced to 175 000 per annum	175 000	431 165	PHC, Hospitals District Provincial	ETR Net	TB Program Manager	TB Program Manager	Quarterly	TB Program Manager	Quarterly	TB Program Manager	Quarterly
		Reduce the TB defaulter rate annually	New smear PTB defaulter rate	Percentage of smear positive PTB cases who	7.2	7.5	PHC, Hospitals District Provincial	ETR.Net	Data capturers	Information officers	Monthly	Quality Assurance	Quarterly	TB program managers	Quarterly

MONITORING AND EVALUATION PLAN

Outcome	Output	Sub-Output	Indicator	Indicator Definition	Target	Baseline	Disaggregation	Means of Verification	Data Provision Responsibility	Data Collection Responsibility	Frequency of Collection	Analysis Responsibility	When will it be Analysed	Reporting Responsibility	Frequency of Reporting
				interrupt (default) treatment											
		Increase PTB cure rate annually	New smear positive PTB Cure Rate	Percentage of patients who are proved to be cured using smear microscopy at the end of treatment (bacterial proof)	85%	64%	PHC, Hospitals District Provincial	ETR.Net	TB Program Manager	TB Program Manager	Monthly	TB Program Manager	Quarterly	TB Program manager	Quarterly
		Initiate TB-HIV infected patients at a CD 4 count of 350 or less	Number new TB/HIV co infected patients with CD4 count ≤350 initiated on ART	Number of co-infected TB-HIV patients with CD4 counts of <350 started on ARV's	6000	5000	PHC, Hospitals District Provincial	ETR.Net and DHIS	TB Program Manager	TB Program Manager	Monthly	Quality Assurance	Quarterly	TB program managers	Quarterly
		Develop and implement a model for decentralized management of MDR, including at community/household levels	Percentage of primary MDR-TB	Percentage of primary MDR-TB	2%	Unknown . But TB Directorate plans to determine baseline	PHC, Hospitals District Provincial	ETR.Net	TB Program Manager	TB Program Manager	Monthly	Quality Assurance	Quarterly	TB program managers	Quarterly

MONITORING AND EVALUATION PLAN

Outcome	Output	Sub-Output	Indicator	Indicator Definition	Target	Baseline	Disaggregation	Means of Verification	Data Provision Responsibility	Data Collection Responsibility	Frequency of Collection	Analysis Responsibility	When will it be Analysed	Reporting Responsibility	Frequency of Reporting
		Initiate all MDR patients who are HIV positive on ART irrespective of CD4 count	Percentage of MDR-TB patients started on ART	Percentage of co-infected MDR-TB patients started on ART	100%	55%	PHC, Hospitals District Provincial	ETR.Net	Data captureurs	Information officers	Monthly	Quality Assurance	Quarterly	TB program managers	Quarterly
		Improve patient care and the satisfaction levels of the users of the health care system to acceptable levels	Percentage of users of public health services satisfied with the services received	Percentage of users that participated in the Regional Hospital Services survey that were satisfied with the services.	Not yet determined. Possibly 90%	87,5%	PHC, Hospitals District Provincial	Patient satisfaction survey results	M&E Program Manager	M&E Program Manager	Annually	Quality Assurance	Quarterly	M&E Program Manager	Annually
		Accreditation of health facilities for quality	Proportion of facilities prepared and supported for Accreditation	Accreditation of eligible health establishments that meet core standards	131 of 486 health facilities	10 out of 486 clinics	PHC, Hospitals District Provincial	Assessments	M&E Program Manager	M&E Program Manager	Annually	Quality Assurance	Quarterly	M&E Program Manager	Annually
		Implementation of Service Delivery Model	Percentage of facilities implementing PHC Service delivery model for	Percentage of facilities implementing PHC Service	50%	New indicator. Baseline unclear.	PHC, District Provincial	Departmental Performance Reports(M&E)	PHC Directorate	PHC Directorate	Quarterly	Quality Assurance	Quarterly	PHC Directorate	Quarterly

MONITORING AND EVALUATION PLAN

Outcome	Output	Sub-Output	Indicator	Indicator Definition	Target	Baseline	Disaggregation	Means of Verification	Data Provision Responsibility	Data Collection Responsibility	Frequency of Collection	Analysis Responsibility	When will it be Analysed	Reporting Responsibility	Frequency of Reporting
			SA completed	delivery model for SA completed											
		Increased use of Primary Health Care Facilities	Primary Health Care utilisation rate	Rate at which services are utilized by the target population, represented as the average no. of visits per person per period in the target population	4	3.2	PHC facilities, Hospitals, Districts, and Provincial Hospitals	Departmental performance Reports(M&E)	PHC Directorate	Information	Quarterly	Information	Monthly	PHC Directorate	Quarterly
		Improved management of complaints	Percentage complaints from users of public health services resolved within 60 days	Percentage complaints from users of public health services resolved within 60 days	100%	None. Resolution of complaints not previously measured in this way	Provincial, office Clinics, hospitals, Districts,	Documented Evidence	Transformation and Transversal Directorate	Transformation and Transversal Directorate	Quarterly	Transformation and Transversal Directorate	Monthly	Transformation and Transversal Directorate	Quarterly

MONITORING AND EVALUATION PLAN

Outcome	Output	Sub-Output	Indicator	Indicator Definition	Target	Baseline	Disaggregation	Means of Verification	Data Provision Responsibility	Data Collection Responsibility	Frequency of Collection	Analysis Responsibility	When will it be Analysed	Reporting Responsibility	Frequency of Reporting
		Improved access to human resources for health	Provincial HRH Plan produced	Approved plan for HRH	Revised Provincial HRH Plan approved	Framework for review of HRH Plan	Provincial Office	Reports	HRM	HRM	Monthly / quarterly	HRM	Monthly	Province	Monthly
		Improved health care financing	Number of Unqualified Audit Reports from the Auditor General	Compliance with PFMA	Unqualified Audit Reports Received	Qualified	Provincial Office	Audit Reports	Finance	Finance	Quarterly	Finance	Quarterly	Auditor General.	Quarterly

APPENDIX 2: MULTI-YEAR EVALUATION PLAN

PROGRAMME	PROPOSED PROJECT	TYPE OF EVALUATION	CURRENT STATUS	DATE OF COMPLETION
PROGRAMME1 :				
Financial and Administration process	Assessment of turnaround time for tender and procurement process in the last three years	Process	Planned	2011-12 Financial year
Human resource Management	Assessment of turnaround time for filling of vacated posts for hospitals and PHC facilities	Process	Planned	2011/12
PROGRAM 2 -8:				
-District Health Services -Emergency Medical services -Provincial Hospitals -Central and tertiary hospitals -Health Sciences and training -Health care support services -Health facilities management	An Assessment of the Implementation of National Core standards in Health Establishments	Process	Planned	2011-12
PROGRAM 2, 4 and 5				
	Client satisfaction Survey	Outcome	Planned	2011/12 -14
	Impact of Ante retro viral Drugs	Impact	Planned	2011-12
	Evaluation of TB Cure rates in three years period	Outcome	Planned	2011-14
	Evaluation Of Perinatal and Maternal Reviews in Institutions	Outcome	Planned	2012/13
	Assessment of Infant mortality rates in three years period	Outcome	Planned	2011-14
	Assessment of facility maternal mortality rates in three years period	outcome	planned	2011-14
PROGRAM 6:				
Human Resource Development	Assessment of impact of HRD strategy	Impact	Implementation	2012/13
PROGRAM 7:				
Pharmaceutical Services	Evaluation of drug stock out levels in Health Establishments	Output	Planned	2011/12
PROGRAM 8:				
Health facility management	Impact of hospital revitalization and maintenance	impact	implementation	2012-14

APPENDIX 3: MONITORING AND EVALUATION CAPACITY BUILDING PLAN

No	Activity	Target group	Provider
1	Conceptualize, design, implement and monitor programs, projects and policies	Programme managers	Provincial Head Office HRD, M&E Unit and PALAMA
2	Any principles of computerized systems to manage data and reports relevant to the public sector	Data typist and Managers	Provincial Head Office HRD, M&E Unit and PALAMA
3	Legislative and Regulatory framework governing the public sector management and administration	M&E and program Managers	Provincial Head Office HRD, M&E Unit and PALAMA
4	Application of M&E approaches and tools to assess an organization's or program's performance in a specific context	40 QA Managers	Provincial Head Office HRD, M&E Unit and PALAMA
5	Evaluation of programmes	M&E and program Managers	Provincial Head Office HRD, M&E Unit and PALAMA
6	Intergration of qualitative and quantitative information, methods and evidence to support decision-making	M&E and program Managers	Provincial Head Office HRD, M&E Unit and PALAMA
7	Analysis, interpretation and communication of information	Data typist and Managers	Provincial Head Office HRD, M&E Unit and PALAMA
8	Utilisation of reports as an oversight tool	M&E and program Managers	Provincial Head Office HRD, M&E Unit and PALAMA
9	Quality Assurance practices	M&E and Quality Assurance Managers	

APPENDIX 4: RISKS

RISKS	MITIGATING FACTORS
Poor data quality	Validation of data
Inaccurate reporting	Develop reporting mechanism Validation of reported information
Invalid data	Triangulation of methods of data collection
Lack of reported information	<ul style="list-style-type: none"> ○ Prolonged engagement during data collection ○ Triangulation of methods of data collection